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PROCEEDINGS
OF THE
CONNECTICUT
STATE MEDICAL SOCIETY

1914

122d ANNUAL CONVENTION

HELD AT

NEW HAVEN, May 20th and 21st

EDITOR

MARVIN McR. SCARBROUGH

ASSISTED BY

WALTER R. STEINER

PUBLISHED BY THE SOCIETY

The Connecticut State Medical Society does not hold itself responsible for the opinions contained in any article unless such opinions are indorsed by special vote. All communications intended for the Connecticut State Medical Society should be addressed to M. McR. Scarbrough, M.D., 76 Wall St., New Haven, Conn.

The next annual meeting of the Connecticut State Medical Society will be held in Hartford, May 19th and 20th, 1915.

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OFFICERS OF THE SOCIETY.

1914-1915

President.

OLIVER C. SMITH, M.D., Hartford.

Vice-Presidents.

STEPHEN J. MAHER, M.D., New Haven.

JOHN B. KENT, M.D., Putnam.

Secretary.

MARVIN McR. SCARBROUGH, M.D., New Haven.

Treasurer.

JOSEPH H. TOWNSEND, M.D., New Haven.

COMMITTEES.

1914-1915

STANDING COMMITTEES.

COMMITTEE ON SCIENTIFIC WORK.

Walter R. Steiner. George Blumer.
The Secretary.

COMMITTEE ON MEDICAL EXAMINATIONS AND MEDICAL EDUCATION.

Charles A. Tuttle. John B. McCook.
Samuel M. Garlick. J. Francis Calef.
Fritz C. Hyde.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION.

E. J. McKnight, *Chairman*. George M. Burroughs.
C. J. Foote. Ralph S. Goodwin.
Rush W. Kimball. C. E. Stanley.
W. B. Cogswell. Eli P. Flint.
The President. The Secretary.

COMMITTEE ON HONORARY MEMBERS AND DEGREES.

D. Chester Brown.
Frank K. Hallock. S. B. Overlock.

SPECIAL COMMITTEES.

COMMITTEE ON A SANATORIUM FOR THE NERVOUS POOR.

Rienzi Robinson. John L. Buel.
Henry S. Noble. George Blumer.
Frederick T. Simpson.

COMMITTEE ON A STATE FARM FOR INEBRIATES.

Frank H. Barnes. Charles J. Bartlett.
Robert L. Rowley. Daniel C. Patterson.
Arthur B. Coleburn.

COMMITTEE ON THE MEDICAL INSPECTION OF SCHOOLS.

Edward W. Goodenough.	Thomas G. Sloan.
Charles P. Botsford.	Joseph H. Townsend.
William B. Cogswell.	

COMMITTEE ON NATIONAL LEGISLATION.

Everett J. McKnight.

COMMITTEE ON PUBLICATION OF MEDICAL JOURNAL.

Walter R. Steiner.	Frederick B. Willard.
M. McR. Scarbrough.	

COMMITTEE ON PUBLIC HEALTH EDUCATION.

Joseph H. Townsend, *Chairman*.

Maude W. Taylor.	Marguerite Bullard.
Harold S. Arnold.	E. R. Kelsey.
Stuart J. Lawson.	Kate C. Mead.
Florence A. Sherman.	Thomas F. Rockwell.

DELEGATES.

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

D. Chester Brown.	Everett J. McKnight.
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DELEGATES TO STATE ASSOCIATIONS.

MAINE.

James M. Keniston, Middletown.	Phineas H. Ingalls, Hartford.
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NEW HAMPSHIRE.

W. B. Cogswell, Stratford.	Chas. C. Godfrey, Bridgeport.
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VERMONT.

Charles C. Bartlett, New Haven.	D. C. DeWolfe, Bridgeport.
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MASSACHUSETTS.

Samuel M. Garlick, Bridgeport.	W. W. Foster, Putnam.
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RHODE ISLAND.

A. N. Phillips, Stamford.	John B. Kent, Putnam.
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NEW YORK.

Chas. D. Alton, Hartford.	Edw. W. Goodenough, Waterbury.
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NEW JERSEY.

Patrick Cassidy, Norwich.	Ansel G. Cook, Hartford.
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PENNSYLVANIA.

W. H. Carmalt, New Haven.	W. E. Fisher, Middletown.
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HOUSE OF DELEGATES.

COUNCILORS.

HARTFORD COUNTY.

OLIVER C. SMITH (resigned).
WALTER R. STEINER (councilor elect).

NEW HAVEN COUNTY.

WILLIAM H. CARMALT (reëlected).

NEW LONDON COUNTY.

PATRICK J. CASSIDY.

FAIRFIELD COUNTY.

SAMUEL M. GARLICK (reëlected).

WINDHAM COUNTY.

SELDOM B. OVERLOCK.

LITCHFIELD COUNTY.

ELIAS PRATT (reëlected).

MIDDLESEX COUNTY.

GEORGE N. LAWSON.

TOLLAND COUNTY.

THOMAS F. ROCKWELL (reëlected).

DELEGATES.

HARTFORD COUNTY.

Charles D. Alton.	Philip D. Bunce.
Thomas G. Alcorn.	Michael H. Gill.
Myron P. Robinson.	Stuart E. Phelps.
Frederick B. Willard.	

NEW HAVEN COUNTY.

Edward S. Moulton.	Ralph McDonnell.
Frank Wheeler.	A. A. Crane.
Edward S. Bradstreet.	Alfred G. Nadler.
F. G. Graves.	F. N. Loomis.

NEW LONDON COUNTY.

Charles B. Graves.	George Thompson.
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FAIRFIELD COUNTY.

Frank M. Tukey.	Martin V. B. Dunham.
Eli B. Ives.	J. M. Johnson.
David B. Wason.	F. W. Stevens.

WINDHAM COUNTY.

George Barnes.	Theodore Parker.
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LITCHFIELD COUNTY.

R. S. Goodwin.	I. L. Hamant.
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MIDDLESEX COUNTY.

Daniel A. Nolan.	Cushman A. Sears.
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TOLLAND COUNTY.

James Stretch.

STANDING COMMITTEES.

1913-1914

COMMITTEE ON SCIENTIFIC WORK.

George Blumer.	Walter R. Steiner.
The Secretary.	

COMMITTEE ON MEDICAL EXAMINATIONS AND MEDICAL EDUCATION.

Walter L. Barber.	Samuel M. Garlick.
Charles A. Tuttle.	John B. McCook.
J. Francis Calef.	

COMMITTEE ON PUBLIC POLICY AND LEGISLATION.

Everett J. McKnight, *Chairman*.

C. J. Foote.	George M. Burroughs.
Rush W. Kimball.	Ralph S. Goodwin.
W. B. Cogswell.	C. E. Stanley.

Eli P. Flint.

COMMITTEE ON HONORARY MEMBERS AND DEGREES.

Edward T. Bradstreet.	Frank K. Hallock.
Seldom B. Overlock.	

COMMITTEE ON ARRANGEMENTS.

Charles J. Bartlett.	Arthur N. Alling.
Louis M. Gompertz.	

SPECIAL COMMITTEES.

COMMITTEE ON A SANATORIUM FOR THE NERVOUS POOR.

Rienzi Robinson.	John L. Buel.
Henry S. Noble.	George Blumer.
Frederick T. Simpson.	

COMMITTEE ON A STATE FARM FOR INEBRIATES.

Frank H. Barnes.	Charles J. Bartlett.
Robert L. Rowley.	Daniel C. Patterson.
Arthur B. Coleburn.	

COMMITTEE ON THE MEDICAL INSPECTION OF SCHOOLS.

Edward W. Goodenough.	Thomas G. Sloan.
Charles P. Botsford.	Joseph H. Townsend.
William B. Cogswell.	

COMMITTEE ON NATIONAL LEGISLATION.

Everett J. McKnight.

MINUTES OF THE HOUSE OF DELEGATES.

The first meeting of the House of Delegates was called to order on Wednesday, May 20, 1914, at 10:15 A. M. at the Chapel, New Haven Hospital, Cedar Street, New Haven, by the President, Dr. D. Chester Brown of Danbury. There were present Dr. William H. Carmalt, Dr. Walter R. Steiner, Dr. Patrick J. Cassidy, Dr. Samuel M. Garlick, Dr. Seldom B. Overlock, Dr. Elias Pratt, Dr. George N. Lawson (councilors), and Dr. Chas. D. Alton, Dr. Philip D. Bunce, Dr. Edward S. Moulton, Dr. Frank H. Wheeler, Dr. Frederick G. Graves, Dr. Ralph A. McDonnell, Dr. Augustine A. Crane, Dr. Alfred G. Nadler, Dr. Frank M. Loomis, Dr. Frank M. Tukey, Dr. Martin V. B. Dunham, Dr. Frank W. Stevens, Dr. Theodore Parker, Dr. Jas. Stretch (delegates), the President, Dr. D. Chester Brown, and the Secretary, Dr. M. McR. Scarbrough. The following reports were then read and accepted:

(1) Report of the President, Dr. D. Chester Brown (Danbury):

REPORT OF THE PRESIDENT.

Gentlemen of the House of Delegates:

In making his report of official acts and observations to you, your president wishes to state that he has attempted to commit only the precedented acts and to leave undone and alone those things that did not concern him.

Among the activities may be mentioned the meetings of the Council, when matters were taken up which I hope will receive your attention in the report of the doings of that body.

The meetings of the various County Societies were attended when possible, once during the year. In connection with these visitations an observation was made that I feel called upon to present to you. You may remember that a year ago the Committee on Public Policy and Legislation reported most interesting legislative work of the last General Assembly. On page 85 of

the report of the proceedings of this House it is stated, "it seems useless at this time to attempt to influence legislation regarding expert testimony." It was then voted by the House that a copy of the resolutions referring to the so-called Leeds method, be sent to each of the County Secretaries with the request that the County Society take action upon them. This was an attempt to bring a matter before the individual, for his information, upon which he was to base future individual action. The resolutions came to the County Secretary, as routine matter, and were read before the County Society, as routine matter. The resolutions were disposed of in one manner or another and, unless I am mistaken, failed in the very purpose for which they were sent,—influence on the individual. The move lacked the personal element.

The same idea is brought out in a different phase by a member of the House, who said that the House amounted to nothing; it just met and did what the Council told it to; that the Council was "it." A member of the Council put it this way: we are too much organized for expediting our scientific work and taking all legislative work and responsibility away from the individual. If policies originate in the Council and Standing Committee, are brought to the House and are there digested and refused or recommended, the success of the entire matter, so far as creating individual standards or opinions is concerned, rests on getting the matter properly presented to the individual. As organized, we must depend upon the County Delegations to the House keeping the County membership well and intelligently informed of the work of the House. A perfunctory report of some delegate who happened to be present and recalls what he can of the proceedings does not transmit the proper impression of the meetings of the House. If each County Delegation organized and appointed a chairman who should make a formal written report to his County Society that could be filed by the Secretary it would result in more personal influence than we have at present.

In looking over the report of the Proceedings of last year to see if there were any matters that had not been finally disposed of, I found on page 19, in the report of the Councilor from New Haven

County, matter relative to the necessity of Registration of all practitioners of medicine with the Town Clerk. I have searched in vain for the final disposition of this matter by the House. It would require but a very short time to furnish a page of index to the proceedings of the House and would prevent some things escaping us that otherwise might. The same councilor introduces the subject as "a matter for the consideration of the Committee on Public Policy and Legislation." We have need of a Reference Committee in the House, to which matters may be referred for consideration. Under our by-laws we have no such Standing Committee. The duties of the Committee on Public Policy and Legislation as defined in Chap. VIII, Sec. 3, and the manner in which this Committee is made up show that it would be perfectly proper to utilize this Committee for the purpose suggested without a change of by-law.

There is one other matter that I wish to bring to your attention that has come to me in connection with my visiting some of the hospitals in the State in studying the hospital conditions. There are problems waiting solution that interest the general medical profession and the hospitals jointly, that can only be well solved by joint consideration. I earnestly hope that some method may be devised that will bring hospital management and the general profession closer together.

(2) Report of the Secretary, Dr. Marvin McR. Scarbrough (New Haven):

REPORT OF THE SECRETARY.

Mr. President and Gentlemen of the House of Delegates:

The sixth and last of the first series of semi-annual meetings of the Connecticut State Medical Society was held in conjunction with the semi-annual meeting of the Tolland County Medical Association, at "Millstone," the summer home of Dr. Everett J. McKnight, at Ellington, Conn., on October 21, 1913, at 11 A. M. The weather was ideal, and the roads delightful for motoring. Members came from all parts of the State. The total attendance was 110 members, which was a most excellent showing for the

second smallest in numbers of our County Societies. The meeting was a success in every way; the programme was interesting and the "shore dinner," served in two large tents, was a unique and most enjoyable feature.

The fifth semi-annual meeting was held with the Windham County Medical Association; the fourth, with the Litchfield County Medical Association; the third, with the Middlesex County Medical Association, the second, with the Fairfield County Association; and the first, in 1908, with the New London County Association. If the same order of meetings is maintained, New London County will be the place of the next semi-annual meeting in October, 1914.

The suggestion of semi-annual meetings came from Dr. Everett J. McKnight and was carried out by Dr. W. R. Steiner. The meetings have been well worth the efforts and much has been gained through a more intimate acquaintance and better understanding among the members of the Society.

Aside from his many other duties, the Secretary edited the Proceedings for 1913, which appeared about Jan. 1, 1914. The date of appearance was not as late on the average as it has been during the last few years. Many of the members leave the State early in June and do not return until late in the fall, thus making it almost impossible to get their papers and proofs in proper form for publication at an early time.

The total membership of the Society is now the largest in its history, viz., 918 members, which includes 14 Honorary members. This is a net increase of 21 over the number given last year. Also, this year marks the greatest number of new members added in any one year. Seventy-eight new members were added by the County Associations. The year 1908 most nearly equalled 1914, when it added 77 members. New Haven County leads with 31 new members; Fairfield County comes next with 20; Hartford County added 17; Litchfield, 5; New London, 3; Windham, 2; Middlesex and Tolland Counties, none.

The names of the new members follow, with college and date of graduation and address:

- Neil H. Bailey, P. & S., Balt., 1911, Hartford.
 Robert J. Boyle, Yale, 1908, Hartford.
 James H. Biram, Cornell, 1910; B.S. Amherst, Hartford.
 Eliot S. Cogswell, Howard, 1912; A.B. Dartmouth, Hartford.
 Clifton M. Cooley, Yale, 1908, New Britain.
 Henry F. Costello, Johns Hopkins, 1910; A.B. Yale, Hartford.
 William H. Crowley, Buffalo, 1890, Hartford.
 Claude V. Flaherty, Yale, 1910, Hartford.
 Roger M. Griswold, New York Univ., 1875, Kensington.
 Charles Emerson Jones, N. & B. Hos., 1909, Hartford.
 Arthur B. Landry, Jefferson, 1909, Hartford.
 William F. Reardon, Bellevue, 1909, Hartford.
 Mark T. Sheehan, Yale, 1910, Hartford.
 Charles W. Daly, P. & S., Balt., 1910, Hartford.
 Edward Adams Deming, Johns Hopkins, 1908, Hartford.
 F. Arthur Emmett, Yale, 1902, Hartford.
 Charles Verrin English, St. Louis, 1912, Hartford.
 Vincent J. Irwin, Jr., Yale, 1909, Granby.
 John W. Churchman, Johns Hopkins, 1902; A.B. Princeton, 1898; A.M. Princeton, 1901, New Haven.
 Edward R. Harvey, Balt. Med., 1902, Seymour.
 Leslie A. Wilson, Yale, 1910, Meriden.
 Thomas P. Murdock, Balt. Med., 1910, Meriden.
 Daniel J. Byrne, Yale, 1909, Waterbury.
 Stuart E. Skiff, Hahn., Phila., 1903, New Haven.
 Robert J. Ferguson, Hahn., Phila., 1899, New Haven.
 Huggard W. Nugent, Hahn., Phila., 1910, New Haven.
 George R. James, Yale, 1910, New Haven.
 Max R. Smirnow, Yale, 1906, New Haven.
 Charles W. Comfort, Yale, 1911; B.A. Yale, 1907, New Haven.
 Francesco D'Agostino, Naples University, Italy, 1905, New Haven.
 Harry S. Reynolds, Yale, 1910, New Haven.
 Aubry L. Magill, McGill Univ., 1908, New Haven.
 Thomas H. Russell, Jr., Yale, 1910; Ph.B. Yale, 1906, New Haven.
 Adelaide Lambert, Boston Univ. Med. College, 1884, New Haven.
 James A. Harten, Balt. Med. College, 1910, New Haven.
 Marvin Smith, Univ. of New York, 1883, New Haven.
 Gabriel Jackowitz, Boston Univ. Med. College, 1907, New Haven.
 Alva G. Provost, Yale, 1905, New Haven.
 Paul R. Stetson, Yale, 1902, New Haven.
 Michael J. Sheahan, Yale, 1896, Derby.
 Thomas F. Plunkett, Long Island College Hospital, 1908, Derby.
 Joseph B. Monahan, Dartmouth Med. College, 1894, New Haven.
 Charles T. Flynn, Yale, 1911, New Haven.

- Ralph W. Nichols, Johns Hopkins, 1912; Ph.B. Yale, 1908, Montowese.
 Walter C. Skiff, N. Y. Home. College, 1883, New Haven.
 Edward H. Kirschbaum, Yale, 1912, Waterbury.
 Eugene F. Callender, Yale, 1912, Waterbury.
 William M. Good, Yale, 1909, Waterbury.
 Charles H. Carroll, Yale, 1912, New Haven.
 Edwin Lord Danielson, P. & S., 1882, Lebanon.
 Arnaud J. LaPierre, Univ. Vt., 1910, Norwich.
 Martin L. Smail, Univ. Vt., 1893, Mystic.
 Frary Hale, P. & S., New York, 1909, Bridgeport.
 William H. Curley, Cornell, 1909, Bridgeport.
 John F. Krasnye, Valparaiso Univ., 1911, Bridgeport.
 Michael J. Rowe, P. & S., Balt., 1896, Bridgeport.
 George J. Schuele, Yale, 1908, Bridgeport.
 John F. Shea, P. & S., Balt., 1911, Bridgeport.
 Andrew McQueeney, Yale, 1905, Bridgeport.
 Thomas J. Roche, P. & S., Balt., 1911, Bridgeport.
 Edward F. McGovern, Bellevue, 1901, Bridgeport.
 Charles E. Hyde, Yale, 1910, Southport.
 Frank H. McLaury, P. & S., New York, 1895, Westport.
 William M. Stockwell, Univ. of Penn., 1904, Bridgeport.
 Henry LeB. Peters, McGill, 1907; B.A., Univ. of New Brunswick,
 Bridgeport.
 George E. Thielke, Yale, 1910, Danbury.
 Arthur C. Smith, P. & S., Balt., 1910, Danbury.
 Harold M. Clarke, Univ. Toronto, 1909, Bridgeport.
 Benjamin I. Hart, P. & S., New York, 1904; A.B. Coll. City of N. Y.,
 1900, Bridgeport.
 Arthur Scrimgeour, L. I. Coll. Hos., 1909, Bridgeport.
 Henry Duesing, Univ. of Wurtzberg, 1892, Bridgeport.
 Josaphat Gaucher, Balt. Med., 1912, Willimantic.
 Arthur D. Marsh, Yale, 1908, Hampton.
 James S. Martin, Yale 1905, Watertown.
 Thomas J. Shannon, Balt. Med., 1899, Falls Village.
 Harry E. Stuart, Yale, 1910, Washington.
 Harold B. Woodward, Johns Hopkins, 1912; B.S. Wesleyan, Terryville.
 Charles T. LaMoure, Albany, 1894, Lakeville.

For the year, New Haven County shows a net gain of 26 members; Fairfield County, of 15; and Hartford, of 9. New London and Tolland Counties have held even; while Litchfield County lost 3 members and Windham and Middlesex, each, one member.

The Society has lost during the year 52 members; 10 have died (including the ex-President, Leonard B. Almy, 1900); 5, removed; 3, resigned; and 34, suspended.

The customary table is appended:

Membership	County Associations	New Members	Reinstatements	By Transfer	Deceased	Removed	Resigned	Suspended	Gain	Loss
225	Hartford County	17	1	0	2	2	2	5	9	0
275	New Haven County	31	12	0	1	0	1	15	26	0
60	New London County	3	0	0	2	0	0	1	0	0
185	Fairfield County	20	2	2	3	0	0	4	15	0
36	Windham County	2	0	0	1	1	0	1	0	1
57	Litchfield County	5	2	0	0	2	0	8	0	3
46	Middlesex County	0	0	0	1	0	0	0	0	1
20	Tolland County	0	0	0	0	0	0	0	0	0
904		78	17	2	10	5	3	34	50	5
14	Honorary.									
918	Total.									

Suspended Members not included in Total Membership.

904 Members in good standing.

34 Members suspended.

Respectfully submitted,

M. McR. SCARBROUGH,

Secretary.

(3) Report of the Chairman of the Council, Dr. William H. Carmalt (New Haven):

REPORT OF THE CHAIRMAN OF THE COUNCIL.

Mr. President and Members of the House of Delegates:

At the first meeting of the Council, held Thursday afternoon, May 22, 1911, after organization by the election of Dr. O. C. Smith of Hartford as Chairman, under instruction from the

House of Delegates a special committee on Health and Public Instruction was established and at a subsequent meeting the Committee as given on the second page of the programme was appointed. The particular objects and duty of this Committee were not formulated in the motion creating it, and the Committee has therefore been somewhat at sea as to what to do. It was inaugurated after some correspondence with a similar committee of the American Medical Association and involves a sub-committee for the Public Health Education among Women. It has waited for this body to indicate its purpose. Not having heard from the American Medical Association until too late for consideration by the Council, it can simply report progress and the Council recommends the continuance of the committee as originally appointed.

At the same meeting the matter of establishing a uniform fiscal year for the different County Associations was brought up, and a motion to that effect, made by Dr. Cassidy, passed. The plan was halted by a report that the American Medical Association was formulating a plan to apply generally to Associations subsidiary to the various State Associations. Late yesterday afternoon I received an American Medical Association bulletin giving a report of a conference of State Secretaries, in which was announced, *first*, that the fiscal year coincide with the calendar year in all parts of the organization; *second*, that dues be made payable on January 1st of each year. The Treasurer has expressed himself to me as favoring the general uniformity for County reports; he will refer to this matter in his report.

At the suggestion of the President, Dr. Brown, a Committee was appointed to report to the House of Delegates on the advisability of the State Society memorializing the Congress of the United States to the effect that federal legislation is the only effectual means of controlling the sale and abuse of narcotic drugs. The report of this Committee, consisting of Drs. D. Chester Brown, Elias Pratt, and Seldon B. Overlock, is contained in the Report of the President to the House of Delegates.

At the meeting of the Council held April 29, 1914, Dr. Walter R. Steiner reported as Councilor for Hartford County, Dr. O. C.

Smith, the Chairman, after many years of faithful service having resigned. The meeting was called to order by the Secretary, Dr. Scarbrough, and the Councilor from New Haven County was elected in Dr. Smith's place. The following nominations to present to the House of Delegates were made:

President.

OLIVER C. SMITH, M.D., Hartford.

Vice-Presidents.

STEPHEN J. MAHER, M.D., New Haven.

JOHN B. KENT, M.D., Putnam.

Secretary.

M. McR. SCARBROUGH, M.D., New Haven.

Treasurer.

JOSEPH H. TOWNSEND, M.D., New Haven.

Delegate to the American Medical Association.

D. Chester Brown, M.D.

Committee on Scientific Work.

Dr. Walter R. Steiner.

Dr. George Blumer.

Committee on Medical Examinations and Medical Education.

Dr. Fritz C. Hyde.

Committee on Public Policy and Legislation.

Dr. E. J. McKnight, *Chairman.*

Dr. C. J. Foote.

Dr. George M. Burroughs.

Dr. Rush W. Kimball.

Dr. Ralph S. Goodwin.

Dr. W. B. Cogswell.

Dr. C. E. Stanley.

Dr. Eli P. Flint.

Committee on Honorary Members and Degrees.

Dr. D. Chester Brown.

Dr. Frank K. Hallock.

Dr. S. B. Overlock.

Delegates.

- Maine*—Dr. Jas. M. Keniston, Middletown; Dr. Phineas H. Ingalls, Hartford.
- New Hampshire*—Dr. W. B. Cogswell, Stratford; Dr. Chas. C. Godfrey, Bridgeport.
- Vermont*—Dr. Chas. J. Bartlett, New Haven; Dr. D. C. DeWolfe, Bridgeport.
- Massachusetts*—Dr. Samuel M. Garlick, Bridgeport; Dr. W. W. Foster, Putnam.
- Rhode Island*—Dr. A. N. Phillips, Stamford; Dr. Jno. B. Kent, Putnam.
- New York*—Dr. Chas. D. Alton, Hartford; Dr. Edw. W. Goodenough, Waterbury.
- New Jersey*—Dr. Patrick Cassidy, Norwich; Dr. Ansel G. Cook, Hartford.
- Pennsylvania*—Dr. W. H. Carmalt, New Haven; Dr. W. E. Fisher, Middletown.

As there is no place on the programme for a report of the State Tuberculosis Commission, and as it is of such great interest to the medical profession and to public sanitation, the chairman asked the President of the Commission, Dr. Stephen J. Maher, to state briefly the situation. That part which relates to New Haven County will be read in the report of the Councilor from that County, but speaking of the situation in general, Dr. Maher states, "The principal needs of the anti-tuberculosis campaign are (1) provision of some kind, local or state, for the immoral and inebriate consumptives who are now by law barred from both the state sanatoria and the local almshouses; (2) a seaside sanatorium for glandular and bone tuberculosis; and (3) further development of the visiting nurse control of cases that occur among the poor in town or country." The new tuberculosis hospital to be built as an annex to the New Haven Hospital, to be used principally for the care of advanced cases, will perhaps cause a re-alignment of the forces engaged in the New Haven fight against the Tuberculosis Bacillus. We realize that the State tuberculosis sanatoria are in every way doing

more and better work than ever and are fully entitled to the support and confidence of the physicians of the State of Connecticut and have no hesitation in expressing our belief in the efficiency and honesty of their management.

At a meeting called March 17, 1914, at the suggestion of the President, Dr. Brown, the matter of the Workingmen's Compensation Act for injuries received while in employment, etc., was explained by Senator Chandler, the Commissioner for Hartford, and by Dr. E. A. Wells, also the bearing the Federal Law for interstate carriers has upon the care of injured employees in our hospitals. These were referred to the Councilors of the different Counties to report to their County Associations.

Respectfully submitted,

WILLIAM H. CARMALT,

Chairman.

(4) Reports of the Councilors from the different Counties of the State.

REPORT OF THE COUNCILORS.

(a) Hartford County, by Dr. Walter R. Steiner:

Mr. President and Gentlemen of the House of Delegates:

Being elected Councilor from Hartford County at our meeting in April, 1914, to fill the unexpired term of Dr. Oliver C. Smith, who then resigned, I feel that my brief tenure of office prevents the presentation of a complete report. Our association is in a very healthy condition. Our two meetings during the past year have been well attended and the papers have been of interest to our members. Our present membership is two hundred and twenty-three or an increase of four over last year's number. Five have died during the year, Dr. Harmon G. Howe, Dr. Charles E. Froelich, Dr. G. Pierpont Davis, Dr. John B. Lewis and Dr. William W. Brackett. Their biographies will appear in the Transactions of this meeting, so I shall merely refer to three of them—Dr. Harmon G. Howe, Dr. G. Pierpont Davis

and Dr. John B. Lewis. They were very different from one another but all of them played an active part in the medical life of Hartford and one of them has made our State Society always his debtor. Dr. Howe's smile was a benediction, and his pure, guileless, Christian life an example to all of us. Dr. Davis' interest in the Hunt Memorial Building and in its library annex was so great, and his pecuniary assistance so generous, that he made them both a living possibility. Dr. Lewis' interest in the State Society led him early to make the only complete set of its Transactions in existence. With these in his possession he made an index of its first one hundred volumes, which will ever be a model of patient, thorough, conscientious work. I am happy to announce that he has left this priceless set of our Transactions to the library of the Hartford Medical Society, where they will shortly be placed on file. Five members were dropped during the year for non-payment of dues and eighteen new members have been elected.

Respectfully submitted,

WALTER R. STEINER.

HARTFORD, May 19, 1914.

(b) New Haven County, by Dr. William H. Carmalt:

Mr. President and Members of the House of Delegates:

GENTLEMEN:—I have the honor to report for the New Haven County Medical Association an increase in membership of thirty-one, the present census being 285. The Clerk reports nine new applications since the last election, so that a membership of 300 before the end of the year is by no means improbable. There has been one resignation; no death. The Clerk's report to the Treasurer shows that after making proper deductions he has paid the Treasurer \$634.50 and that there are still arrears for the three years 1911-12-13 of \$198.00. The Clerk expects to collect most of this; he also reports it much easier to collect a \$3 tax than one of \$4. Ever since I have been on the Council board I have been impressed with the want of uniformity in the reports of the different county clerks with regard to both their

finances as well as to the census reports; there should be as near as possible uniformity in form in both respects in order to make proper comparisons and form judgments. This subject has been referred to in my report as Chairman of the Council and I only speak of it now to point out how it affects each report.

Both the County meetings have been characterized this year, owing to the indefatigable efforts of our Clerk, Dr. Hartshorn, by a clinical as well as a literary programme. At the semi-annual meeting in Waterbury he secured the coöperation of the attending staff of the new Waterbury Hospital and an exhibition of laboratory methods as practiced at the state bacteriological laboratory by Professor Conn, state bacteriologist. At the annual meeting a similar programme was given by various members of the medical faculty of Yale University. At this meeting Dr. Robert Abbe of New York also was present and made some remarks and showed lantern slides illustrating the present estimate of radium's usefulness in surgery. The hospitals of the county are kept busy; some of them are full to overflowing. A new general hospital has been opened in Waterbury; the isolation hospital for the city of New Haven is expected to be opened during the summer. The plans for the tuberculosis annex to the New Haven hospital in West Haven are nearly finished and the contracts for building will be awarded in a few days. It will be fully a year before they will be completed. A statement from Dr. Maher, President of the state anti-tuberculosis committee, says that "there has not been any radical change in the anti-tuberculosis campaign in the county during the past year. The community's principal special defenses are still the state sanatorium at Undercliff, Meriden; the Gaylord farm, the dispensaries in New Haven and Waterbury, the day camp at Allintown, West Haven; and the tuberculosis nurses in New Haven, Meriden and Waterbury."

At the last annual meeting of the House of Delegates, as you remember, the matter of expert medical testimony was voted to be referred to each county society for an expression of opinion on three points; these will be found on page 82 of the

Proceedings of 1913. Briefly summarized, the first was as to the advisability of a preliminary consultation by the experts on the two sides to see if an agreement of opinion could not be arrived at without appearing in court; the second was as to the propriety of members of this society occupying in open court a position as medical advisory counsel while appearing also as expert medical witness in the same case; the third was as against a physician agreeing to accept a fee in payment of his opinion contingent on the success of the case in which he testifies. The subject was considered at the semi-annual meeting, differences of opinion were expressed, and the matter was referred to a committee to report at the annual meeting; two reports were presented and voted on as follows, viz.: first the Association voted that such a consultation was desirable—on the second point two reports were presented; the Association voted against the practice as indicated; on the third point the committee was again united in that it was not unethical to appear as expert witness under a contingent fee inasmuch as cases may arise, indeed are constantly arising, where a poor plaintiff is suing a corporation and quite unable to get the case properly presented from a medical or surgical point, except by a contingent fee.

Mr. Froude, the historian, has said, "Happy is that country that has no history." Our hospital records give confirmation to this statement. A record having simply the routine statements as to pulse, respiration and temperature running smoothly along indicates, almost always, that things are doing well; one with nurses' notes filling up all the blank spaces, means a case full of doubt and perplexity with uncertain or dangerous symptoms, with cares and anxieties of those having charge of the patient. I would gladly report that the medical profession of New Haven County had moved serenely along on an even course, caring for the sick and incidentally looking after the sanitation of the community; but unhappily this county now suffers under the disgrace of having four members of the medical profession under conviction (mind you, i. e., tried and convicted) of criminal acts. I am glad to say, however, no

one of them belongs to the Connecticut State Medical Society, though one was recently shamefully allowed to resign to save expulsion. Three were convicted of procuring or assisting to procure abortions, one for dealing, against the law, in narcotic drugs with a morphine habitué. This last one was convicted in the police court but appealed and his case is pending in the higher court. Of the others, one pleaded guilty (caught red-handed), paid his fine and continues *under the law* to practice the profession he has disgraced; one is serving his sentence in jail; the other has fled the State, forfeiting his bail and is presumably waiting for the storm to blow over, in order to come back to pursue the career in which he has become grey and hoary in sin, as so many before him have done. All are members of the regular profession, one a graduate of the Harvard Medical School, one a graduate of the Medical School of the University of Vermont, and two (I say it with shame and humiliation) are graduates of the Yale Medical School, to whom the School gave *ipso facto* certificates of good moral character. Gentlemen, this is a disgraceful record! One cannot wonder that our brethren of the legal profession speak slightly, nay sneeringly, of our moral standards, when we have expert witnesses acting as paid advocates and keep criminals before the courts in the ranks of practicing physicians. The method of getting these men out of the profession is so cumbersome, involves so many contingencies, including even actual reviews of the actions of the courts, that a change in the law is in the highest degree desirable. This subject was discussed at the last meeting of the Council and I was instructed to bring it to the notice of this body with a resolution correcting this evil to be referred to the Committee on Public Policy and Legislation.

As the law now stands, the *only* way to revoke the license of either a physician or midwife is through the Board of Health, acting on a *unanimous* request of one of the State Examining Boards. Here we have two separate boards, neither of them accustomed to judicial investigations, neither of them competent to compel the attendance of witnesses or to administer an oath, authorized, or perhaps I had better say permitted, under the

law, to review the action of a court of superior jurisdiction, actually assuming as a right, a function that should belong solely to the Supreme Court of the State. It is all wrong! A physician convicted of a crime in the practice of his profession should be shut out from the opportunity to repeat the offense; the law should act automatically to prevent it, and safeguard the public against such a wolf in sheep's clothing.

Instead of trying to modify the present cumbersome law, as above outlined, through the action of the Board of Health, which proved so futile in the case of a midwife convicted of procuring an abortion and also practicing medicine, of course, illegally, as given in our last year's proceedings, I recommend simply an additional clause to the Statute as it now stands. I quote Section 1155 of the revision of 1902 on "Attempt to procure miscarriage." "Every person who shall give or administer to any woman or shall advise or cause her to take or use anything or any means with intent to procure upon her a miscarriage or abortion, unless the same shall be necessary to preserve her life or that of her unborn child, shall be fined not more than one thousand dollars or imprisoned in State prison not more than five years or both." That is the law as it now stands. I would add *and should such person be a physician or a surgeon or a midwife licensed to practice such license shall be forever revoked.* Thus we have the whole matter in a nutshell. The person has had a trial with all the safeguards the law allows in defense, *and they are many*; with counsel to present the case thoroughly, to plead for sympathy or mercy as the case may be; with a judge accustomed to weigh the value of evidence; and further in every case liable to review in a higher court of judges learned in the law, removed from local prejudices or manufactured sympathy. The profession of the state is disgraced by the spectacle of a man or woman, convicted of causing an abortion, serving a term in prison, or paying a fine, or indeed simply forfeiting bail, after a time coming back and carrying on his nefarious practice as before. Indeed, it is this very condition in which non-action has been urged, in cases now in our midst; that because some one else is notoriously or secretly doing

this very thing, uncaught, therefore the one who is caught should not be punished as the law allows. Because one or more go uncaught, though justly suspected, being able to keep his tracks covered, those who are caught should go scot free! I am sorry to find among those we entrust with positions of honor and responsibility, before the public, allow, what they call sympathy for the individual, to outweigh their duty to the community they are supposed to protect. Perhaps this is not the proper time to do it, and if I am wrong, Mr. President, you will please correct me, but under instructions from the Board of Councilors, I move that the matter of a change in the law relating to the revoking of a license of a person convicted of procuring, or causing to be procured, an abortion, be referred to the Committee on Public Policy and Legislation with instructions and power to act, after consultation with the attorney of the society, to urge such a change. I beg to state further that I have submitted this proposed enactment to the state's attorney of New Haven County and it has received his hearty approval.

Respectfully submitted,

WILLIAM H. CARMALT.

THE PRESIDENT: This report applies to some matters that should be referred to the Committee on Public Policy and Legislation and the Chair requests this committee to report upon it at this meeting of the Society.

(c) New London County, by Dr. Patrick J. Cassidy:

Mr. President and Gentlemen of the House of Delegates:

The past year has been a very harmonious one. The semi-annual and annual meetings have been well attended. At the annual meeting held in New London, April 2d, 1914, the resolutions suggested by the Chairman of the Committee on Public Policy and Legislation, which resolutions were three in number, and appertained to the proper and ethical attitude of the medical witness in prospective legal cases, were unanimously adopted after a healthy and lively discussion. Owing to the fact that the

so-called Workingmen's Compensation Act has to a great extent altered the status of the surgeon and medical men of the State, this act was discussed with great freedom and with intimate knowledge, owing to the presence, as a member of the Association, of the only medical member of the commission appointed to oversee the carrying out of the Act. During the discussion it was developed that various attempts had been made by liability insurance companies to persuade medical men to sign an agreement to attend injured mechanics at a certain specified flat rate, with a promise that under such an agreement the liability companies would refer all of their work of this character to the medical man who had so signed. As a result of this knowledge, the surgeon who had brought up the point offered a resolution which was unanimously adopted, viz: "That the New London County Medical Association be placed on record as considering it against the ethics of the medical profession to enter into any contract whatsoever with any insurance companies or business corporation relative to the so-called Workingmen's Compensation Act."

The membership of our County Association shows no radical changes. We have suffered a great loss in the deaths of two of our most enthusiastic members, Dr. Leonard B. Almy, an erstwhile president of the County Medical Association, and of Dr. A. W. Nelson, one of the veterans in surgery in Eastern Connecticut. There is to be noted a gradually increasing desire on the part of the practitioners, especially the younger ones, to become affiliated with the County Association.

Respectfully submitted,

P. J. CASSIDY.

(d) Fairfield County, by Dr. Samuel M. Garlick:

Mr. President and Gentlemen of the House of Delegates:

It is my pleasure to report from Fairfield County continued prosperity and a commendable freedom from dissension; we are not, however, in that state of quietude and peace which denotes indolence. There are those healthy differences of opinion which

stimulate activity, engender thought, eliminate error and lead to truth. There has been no case of resignation, discipline, suspension or expulsion, and no case of personal difference worthy of record has come to the knowledge of the Councilor.

Our two meetings were well attended, were profitable to those members who were sufficiently enthusiastic to attend, and helpful to those who for various reasons did not attend; the writer ventures the assertion that these meetings and the Organized Medicine which they represent are also of an inestimable value even to those of our Profession who either can not or will not be induced to affiliate. Our Association now numbers one hundred and eighty-five (185) active members. We have received into our fold twenty (20) new members, eighteen (18) *de novo*, by initiation, and two (2) by transfer; of the latter, Doctor Joseph Matthews Ganey removes from New London County, and one, Doctor Hermann Duesing, is transferred to us from the State of Nevada. This large addition is due largely to personal efforts, directed by our efficient Secretary, Doctor Eli B. Ives.

Three members have been dropped for non-payment of dues. There have been no resignations or transfers.

Through death we have lost six valued members. It is a strange coincidence that, while last year it was my sad duty to report the lamented death of Myron W. Robinson, Resident Physician at the Soldiers' Home in Noroton, I must this year report the death of his immediate successor in the same field, Doctor Robert Lauder, for many years a most successful practitioner in the city of Bridgeport, and one of the best loved men in the county. Doctor Harriet Adaline Thompson and Doctor Charles Reed Pratt were also of Bridgeport. In the death of Dr. Thompson we lose one of our most enthusiastic workers of the gentler sex. Dr. Pratt was an honestly ambitious young man; his death by acute infective endocarditis is our offering on the sacrificial altar of professional public service. Doctor Thomas Jacob Biggs was of Stamford, Doctor Royal Lacey of Norwalk, and Doctor William B. Treadway, formerly of Stamford and more recently resident at Howard, R. I. Of

these six, three were from our Bridgeport circle, their usefulness was great, their virtues many; had they faults I know them not and would not tell them if I could; each one was my friend. Doctor Biggs and Doctor Higgins, each respectively, represents the younger and the older members of our profession. Doctor Higgins, although not the oldest practitioner in the County, had to his credit, excepting one, the longest period of continuous active membership; that exception is Doctor Andrew Jackson Smith of Bridgeport. All these have finished their record, closed the book of life. How sincerely and with what patience they wrought and with what success, we know not; but we, surviving them, honor their usefulness, emulate their virtues, and to us they have had no faults.

Only within somewhat recent years has Fairfield County had the stimulant and incentive to advanced professional study and personal attainment afforded by either hospital or university. For this reason perhaps we have modestly appeared to lag behind the older and more favored communities. The light of no college and of no university yet illumines our way or gives the sanction of authority to our work; but excellent hospitals are providing enlarged facilities for effective work of high quality. It is already remarked that the presence of a permanent resident pathologist at the Bridgeport hospital, referred to in my report last year, has been of great benefit in and to the hospital service itself. To the individual practitioners, not directly connected with the hospital or its staff, it has also been an appreciable stimulus, inviting to more accurate and complete diagnoses, with correspondingly better treatment. Speaking from thirty years reasonably intelligent observation, I do not hesitate to affirm that the medical men of Fairfield County are now doing better work than ever before. The intelligent industry and the enthusiastic application of the younger men in this good work, and the no less cordial appreciation and support of the same by the older men within our Association, is a marvel to behold and a joy to appreciate. Let me assure you, gentlemen of more favored centers, Fairfield County is awake to the present opportunity in medicine and alive in advancing to support the same. We are

still a unit in asking the State Society to maintain with judicious care the high standards of our calling and to maintain with dignity and guard with jealous care the time-honored prerogatives of our profession in this State.

In closing we respectfully recall to your minds the words uttered eight years ago by a predecessor on this floor, Doctor William H. Donaldson of Fairfield, whose sentiment I cordially approve and reiterate. We have only one standing grievance in our County and that is the failure of the State Society to recognize within this County a suitable triennial meeting place for our Annual Convention.

Respectfully submitted,

SAMUEL M. GARLICK,

Councilor.

(e) Windham County, by Dr. Seldom B. Overlock:

Mr. President and Gentlemen of the House of Delegates:

The year has been one of quiet progress in medical matters in Windham County. One thing has been demonstrated here during the present year, and that is this: that a councilor is of little importance in the management of affairs in the County. The present incumbent was incapacitated for the greater part of the year but matters went on successfully and without halting.

There is in Windham County one of the most prosperous city medical societies to be found anywhere. In the larger cities where there are a good number of men in the profession a growing and progressive medical society is expected and required as something due to the city from its medical men, but in the smaller cities and towns of the state it requires special effort to establish and continue a successful local society. At Willimantic there has been established a city medical society which is second to none in its work for the benefit of the men who constitute it. This society has been organized and working for six or more years. Its membership is composed of men of all schools of medicine who are regularly graduated and registered,

and who are ethical in deportment and of good social standing in the community. The good of this society is apparent in the morale of its members and is of advantage in every way, even financially, to every physician in the city. If every small city or town, or a combination of some smaller city with several surrounding towns, would organize such societies, vast benefit would accrue not only to the locality but also to the medical profession of the whole State.

Two regular meetings of the County Association have been held during the year. The semi-annual was held at Danielson in October and the annual at Willimantic in April. While the councilor was not able to attend the October meeting it was reported to him as well attended and of unusual interest. The attendance at the April meeting, owing to stormy weather, was small, but the papers were of interest and the usual business was transacted.

S. B. OVERLOCK,
Councilor.

(f) Litchfield County, by Dr. Elias Pratt:

Mr. President and Gentlemen of the House of Delegates:

The Litchfield County Medical Association has had a prosperous and successful year. The meetings, annual and semi-annual, were well attended. Our President, Dr. D. Chester Brown, was present at our semi-annual meeting and added much to its interest and success.

The Association is to hold a sesqui-centennial celebration on June 12th of this year. It is the wish of our Society that as many members of the State Society as possible join with us at that time in commemorating this event. The meeting will be held at Norfolk and we shall endeavor to make it a pleasant and profitable day to all who attend.

Respectfully submitted,

ELIAS PRATT.

(g) Middlesex County, by Dr. George N. Lawson:

Mr. President and Gentlemen of the House of Delegates:

The fall meeting of our County Medical Association was well attended at the Connecticut Hospital for the Insane, where we were entertained by our County President, Dr. W. E. Fisher. The subject was a symposium on the common contagious eruptive diseases, perhaps a more practical topic for us general practitioners than the discussion of some rare surgical case or operation. At this meeting we were glad to have with us the President of our State Society.

The spring meeting was devoted mainly to papers on small-pox, which had been prevalent in and around Middletown. The Secretary of the State Board of Health was with us and took an active part in the discussion.

The Central Medical Society has had interesting monthly meetings in Middletown with good papers by the members and invited guests.

Our hospital, which began in a small way some ten years ago and has been several times enlarged, has had a very busy and prosperous year, running to the full capacity of its fifty beds. It looks as if a further enlargement would soon be urgently called for. A note of profound sadness was struck in the hearts of the physicians of the County and of many who had been patients at the hospital by the death, on January 15, 1914, of the matron of the hospital, Miss Agnes M. Wood, a most capable and kindly woman whose labors have done much to make the institution a success.

One member of our County Society has died within the year. Dr. Dennis L. Glynn of Portland was cut down in the flower of his young manhood.

Our County Society at its annual meeting voted to endorse the Leeds method of expert testimony. The only objection expressed was that some of the provisions of this method might embarrass medical examiners in advising in the prosecution of criminal cases with which they are connected in their official capacity.

Respectfully submitted,

GEO. N. LAWSON.

(h) Tolland County, by Dr. Thos. F. Rockwell:

Mr. President and Gentlemen of the House of Delegates:

I have the pleasure, as Councilor for the Tolland County Medical Association, to report that nothing has occurred during the past year to mar the pleasant professional and social relations of its members.

There has been no gain or loss in membership to record during the year. The Secretary reports that all dues but one have been paid.

The semi-annual meeting of the Association for 1913 was held Tuesday, October 21, in conjunction with the State Medical Society at "Millstone," the summer residence of Dr. E. J. McKnight, in the town of Ellington.

The gathering of physicians from all parts of the State was the largest and most notable in the annals of the Tolland County Medical Association, and was a grand success, both from a medical and social standpoint. There were about one hundred physicians present and every one seemed to take a keen interest in the meeting.

Dr. E. J. McKnight, our genial host, delivered an address of welcome to the members of the State Medical Society and County Association.

Dr. D. Chester Brown of Danbury, State President, in behalf of the State Medical Society, made a brief, but fitting response to Dr. McKnight's address of welcome. His remarks were appropriate to the occasion.

Dr. C. B. Newton of Stafford Springs read a very interesting paper on "Cancer and Review."

Dr. Paul Waterman of Hartford read a paper on mental diseases which was very interesting and instructive to the general practitioner. Dr. Joseph M. Flint, Professor of Surgery in the Medical Department of Yale, gave a very interesting account of his experiences with military surgery in the Graeco-Bulgarian War.

The 122d Annual Meeting of the County Association was held at Rockville, Conn., Tuesday, April 21, 1914.

There was a good attendance and much interest was manifested in the various scientific papers as they were presented. Papers read were: "Bacterial Vaccines," by Dr. Arthur H. Griswold of Hartford; "Treatment of Fractures," by Dr. Paul P. Swett of Hartford; "Resumé of the Local Smallpox Cases," by Dr. Thomas F. O'Loughlin; "Our Schools," by Dr. Cyrus B. Newton of Stafford Springs. The papers were all good and of special interest to the profession.

We were glad to welcome Dr. T. H. Weldon of South Manchester, who brought greetings from the Hartford County Association.

Respectfully submitted,

THOS. F. ROCKWELL.

(5) Report of the Treasurer, Dr. Joseph H. Townsend (New Haven), to the Connecticut State Medical Society, for the year ending May 20, 1914.

REPORT OF THE TREASURER.

RECEIPTS.

Balance from old account,	.	.	.	.	.	\$211.97
Cash from County Clerks:					.	
Hartford County,	.	.	.	.	\$617.40	
New Haven County,	.	.	.	.	634.50	
New London County,	.	.	.	.	145.80	
Fairfield County,	.	.	.	.	486.90	
Windham County,	.	.	.	.	56.00	
Litchfield County,	.	.	.	.	150.30	
Middlesex County,	.	.	.	.	118.80	
Tolland County,	.	.	.	.	44.10	
					<hr/>	
Total,	.	.	.	.	.	2,253.80
						<hr/>
						\$2,465.77

DISBURSEMENTS.

Dr. E. J. McKnight, Anniversary chairman, . \$	83.75	
Stenographer, Annual Meeting,	135.52	
Hartford Medical Society,	10.00	
Tuttle, Morehouse & Taylor Co., for publishing <i>Proceedings</i> of 1913,	1,046.95	
Distributing <i>Proceedings</i> in Bridgeport and Hartford,	10.44	
Expenses of Committee on Public Policy and Legislation, 1912 and 1913,	61.70	
Hugh M. Alcorn, Attorney,	250.00	
Expenses of Delegates to meetings of American Medical Association, 1912 and 1913,	289.57	
Printing, stationery, etc.,	147.86	
Salary of Secretary,	150.00	
Expenses of Secretary, postage, etc.,	22.69	
Salary of Treasurer,	25.00	
Safe Deposit Box and Treasurer's Bond,	10.00	
	<hr/>	\$2,243.48
Cash to balance,		222.29
		<hr/>
		\$2,465.77

. ARREARS IN TAXES LAID IN 1912 AND 1913.

	1913	1912
Hartford County,	\$ 24.00	\$ 8.00
New Haven County,	180.00	16.00
New London County,	24.00	none
Fairfield County,	66.00	4.00
Windham County,	43.40	none
Litchfield County,	27.00	20.00
Middlesex County,	none	none
Tolland County,	3.00	4.00
	<hr/>	<hr/>
	\$367.40	\$52.00

DR. GURDON W. RUSSELL FUND.

INCOME.

Received interest on Bonds,	\$305.00
Received interest on Deposits,	24.02
	<hr/>
	\$329.02

The Fund is invested as follows :

	Par Value
5 Conn. Railway & Lighting Bonds,	\$5,000.00
2 Consolidated R. R. Bonds,	2,000.00
Deposit, Conn. Savings Bank,	848.49
	<hr/>
	\$7,848.49

This is to certify that we have this day examined the accounts and vouchers of the Treasurer and find same correct, and the securities listed above to be in his possession.

W. H. CARMALT,
SAMUEL M. GARLICK,
Auditors.

NEW HAVEN, CONN., May 20, 1914.

The Society closes the year with a balance of \$222.29, a few dollars more than last year. While this is apparently a good showing the cash on hand is not a sufficient working balance for our needs and good name. Little if any money is paid into the treasury until after the county meetings in October, while on the adjournment of this Convention bills will be due from the stenographer, anniversary committee, for printing, and for other expenses, which, judging from past years, will amount to over three hundred dollars. There have been very few times during the last year that there were not bills awaiting payment with no funds in the treasury to meet them, and the final payment on the bill for publishing our *Proceedings* of 1913 was made only within the last week. This is not creditable to the Society, and in order to give us a larger working capital the annual tax should be raised or a determined effort made to decrease our expenses.

It would very much simplify the business of the Society if the fiscal year was made to terminate May 1 instead of ending with the close of our conventions as it now does. All members would then be judged in arrears who had not paid their tax by the first day of May following their levy, and the secretary or treasurer of each county association should be required to send his annual report to the Treasurer within the first week of each May. As it is now it is doubtful if any member can be considered in arrears for his last year's taxes until after our adjournment. Often reports do not come to the Treasurer soon enough to allow for necessary correspondence in cases where they are not clear, and still allow time for the closing and auditing of his accounts.

Respectfully submitted,

JOSEPH H. TOWNSEND,

Treasurer.

(6) Report of the Committee on Public Policy and Legislation, by Dr. Everett J. McKnight (Hartford):

REPORT OF CHAIRMAN OF COMMITTEE ON PUBLIC POLICY AND LEGISLATION.

As there has been no session of the legislature since the last meeting of this Society your chairman has no new business to report. At the time of the last annual meeting several matters were still pending before the General Assembly.

House Bill No. 237, establishing a State Farm for Inebriates, was rejected.

House Bill No. 980, a substitute for the several drug bills, was passed.

House Bill No. 305, an Act amending an Act concerning operations for the prevention of procreation, was rejected in the House through a misunderstanding on the part of one of our own members.

Of the three mosquito bills, only one, House Bill No. 53, was passed. This makes it the duty of the health officer to abolish mosquito breeding places.

Substitute for House Bill No. 981, an Act concerning the Practice of Midwifery, has as you know become a law.

House Bill No. 445, the Chiropody Bill, which in its final draft was not objectionable, was rejected.

Your chairman wishes to again thank the members of the committee and the members of the Society for the splendid assistance they rendered him during the session of 1913.

Respectfully submitted,

E. J. McKNIGHT,
Chairman.

(7) Report of the Committee on Medical Examinations and Medical Education, by Dr. Charles A. Tuttle (New Haven):

REPORT OF COMMITTEE ON MEDICAL EXAMINATIONS AND MEDICAL EDUCATION.

Mr. President and Gentlemen of the House of Delegates:

Your Committee on Medical Examinations and Medical Education presents herewith its Twenty-first Annual Report.

The Committee has held eight meetings during the year, three regular meetings with examinations, each extending throughout two days, and five special meetings. There have been examined 115 candidates for certificates of qualification in General Practice, of whom 65, or 56.5 per cent, have been found qualified and to whom certificates have been granted; 43.5 per cent have failed. This large percentage of failures has been due to the fact that many candidates have availed themselves of the opportunity of trying to obtain a license in this State before January first last when the advanced requirements for preliminary education became effective. Since that date, according to the law, we have been able to admit to the examinations only those applicants who

have had, in addition to the regular High School course, a year of College work or its equivalent.

This has led to many annoying perplexities. There have been a few low-grade medical colleges which did not take cognizance of the notice sent them in September, 1909, that such a requirement of the law would be effective five years later. These colleges freely admitted to their courses men from Connecticut and other states, well knowing that many of their graduates could not qualify in their home States. The men who have now been graduated find themselves excluded from many states. These men we discover at work in a political way threatening to tear down the higher medical standards which it has taken so many years to establish. They are thus striking at the very fundamentals of modern medical education.

Your Committee trusts that some modifications may be enacted, which will make the law more comprehensive and give to the Committee a greater opportunity to exercise its judgment in very many cases. Perhaps an entirely new law, fashioned along the lines of the recently enacted laws of Pennsylvania and California, would be desirable. We trust also that the present law will not be so attacked in the meantime as to make it inefficient. It is in many particulars commendable and effective as it stands at present. Connecticut is entitled to the highest grade medical service. To change the law so that it would be possible for us to be deluged by graduates of low-grade schools, men without the proper fundamental education and not able to gain admission to our neighboring states, would be a calamity to our commonwealth. A modification of the law allowing us to accept a year as interne in a registered Hospital, or other equivalent clinical work, and also a provision for credits for years of successful and creditable practice in lieu of the preliminary year, might in a manner solve the immediate difficulty. Even with that, however, we should be below the standards of many other states. Pennsylvania now admits as candidates only those who have had both the preliminary college year and the hospital year as well. Connecticut must soon fall into line in this regard or be relegated to a second-class position with all the attendant consequences of

a lower-grade medical service. As an expression of the feeling of the Committee, on this matter, the following resolution was passed February tenth last, "*Resolved*, that it is the sense of this Board that one year's work in an acceptable hospital, or other equivalent clinical work, following the prescribed four years' medical school instruction, is desirable and should be required at the earliest possible date, not later than January 1, 1918, as a prerequisite for admission to the Connecticut State Board examinations." This, in substance, expresses the feeling among medical educators and nearly all State Medical Boards throughout the country.

The Committee has had presented to it recently a request for the revocation of the licenses of Drs. George W. Belden, Bennett S. Lewis and Walter I. Russell, all of New Haven. This request was accompanied by certified court records and findings. It has been the wish and intent of the Committee to do its full duty in this matter to the Society and the Commonwealth, as well as full justice to the doctors involved. To that end we had collected a mass of material bearing upon the cases. Protracted special meetings have been held and officials of the Society have responded to the invitations of the Committee to be present. Exhaustive consideration has been given each case and two of the defendants, Drs. Belden and Russell, have appeared before us. On May 9, in accord with the form of procedure prescribed in the Medical Practice Act, the Committee transmitted to the State Board of Health formal request for the revocation of the licenses of Doctors Belden and Lewis.

Inasmuch as Doctors Lewis and Belden were licensed in 1893 and 1895, respectively, which dates were both anterior to the time when examinations were held by the Committee, the question of jurisdiction of the Committee in these cases was raised. A conference with the Attorney General upon this matter was held on May 2. As there had been no court ruling upon that point, the Attorney General advised us to act, leaving it to the State Board of Health to determine whether or not it could recognize the application of the Committee under those circumstances. The entire matter is now in their hands. The case of

Doctor Russell, who was merely accessory to the crime, was tabled after a second hearing. It was understood, however, that this was to offer to Doctor Russell a probationary period and that the matter would be taken from the table in one or two years or at any time that additional evidence came to light or the action of Doctor Russell warranted it.

There seems to be a widespread misconception of the relation of your Committee to the law. We are frequently importuned to take steps, and have been the subject of comment for not taking steps, in the matter of revocation of licenses. The law relating to this matter reads in part as follows: "The State Board of Health, upon the written request of all the members of any one of the examining committees mentioned in Section 4716, may revoke the certificate of registration of any person who has procured his certificate of registration by fraud or has been *convicted* of any crime in the practice of his professional business or convicted of a felony," etc., etc.

Hence a man must stand *convicted* before the Court before your Committee is in a position to take cognizance of the matter at all. The procedure prescribed by the law, while cumbersome and indirect, is not without merit. It has been suggested that the law, when modified, transfer matters of this nature from the Examining Committee to the Legislative Committee or to the Board of Censors, or automatically to the State Board of Health.

This would seem to be unwise. The Legislative Committee and the Board of Censors are not organized, have no stated meetings, and are not as keenly interested in the matter as the Examining Committee; while for the Society to shirk its duty and transfer its prerogatives to a body outside of itself would be acknowledging its inability to handle it and would be surrendering to another a portion of its birthright.

With this year expires the term of Doctor Barber upon the Committee. It would be a source of regret to the other members if for any reason his services were not available in their work. He has worked faithfully and conscientiously throughout his term of appointment and given freely of his time and counsel.

He has always stood for the highest ideals in Medical Education and Examinations and is thoroughly in touch with all the problems which the work involves.

Enclosed is a copy of the rules under which the Committee is working, a set of questions used at the last examination, and a list of the successful candidates of the year.

Respectfully submitted,

CHARLES A. TUTTLE,
Secretary.

RULES FOR EXAMINATION.

1. Examinations will be held on the second Tuesday of March, July and November, at the City Hall, New Haven, beginning at 9.30 A. M., and lasting two days, closing at 4.30 P. M., of the second day.

2. Examinations will be conducted in writing in the English language, but practical demonstration may be expected in any or all branches.

3. Examinations for general practice consist of ten questions in each of the following subjects: 1 Anatomy. 2 Physiology. 3 Surgery. 4 Obstetrics, including Gynæcology. 5 Materia Medica, including Therapeutics. 6 Medical Chemistry and Hygiene. 7 Practice, including Pathology and Diagnosis. Questions in the specialties under respective headings.

4. In order to obtain a certificate of qualification the applicant must obtain a general average of 75 per cent. In no branch shall his percentage be less than 60, and in Practice, Obstetrics and Surgery the minimum requirement will be 65 per cent.

5. Examination fee, \$15.00, payable in advance on the first day of examination. Candidates once rejected may be reëxamined at any subsequent meeting of the Board but must pay full fee for each trial.

6. All candidates must be graduates of some reputable Medical College and must present their diplomas (or a certificate from the Dean of the Medical College) for inspection, to the

Secretary of the Board at the opening of the session. As evidence of the required preliminary education, he must also present a diploma from an accepted high or preparatory school or documentary proof that his preliminary education is equivalent thereto. From and after January 1, 1914, no person can be admitted to the examination until, in addition to and succeeding the foregoing preliminary education, he shall have completed also satisfactory major courses of study of at least nine months' duration in Chemistry, Physics and General Biology before beginning the study of Medicine.

7. Each candidate must present his photograph as a means of identification. This will be retained and kept on file by the Secretary.

8. Formal application (blank enclosed) must be made to the Secretary at least five days before the date of the examination. This must be accompanied by a certificate of good moral character signed by two reputable citizens of this state.

9. Questions used at some former examinations will be found in the yearly Proceedings of the Connecticut Medical Society—the Board is unable to supply copies.

10. A license or an examination in another state is not accepted by this Board. All candidates must undergo regular examination. It is unlawful to practice in this State before examination and license. No temporary or provisional certificate can be given.

DIGESTS OF THE LAWS OF 1912.

a. No person shall, for compensation, gain or reward, received or expected, treat, operate or prescribe, for any injury, deformity, ailment or disease, actual or imaginary, of another person, nor practice midwifery, until he has obtained a certificate of registration, and then only in the kind or branch of practice stated in said certificate.

b. No person shall obtain a certificate of registration until he has passed a satisfactory examination before one of the examining boards appointed for the purpose, nor until he has filed duplicate certificates signed by a majority of said examin-

ing board, stating that they have found him qualified to practice either medicine or midwifery, nor until he has filed duplicate statements subscribed and sworn to by him upon blanks furnished, giving his name, age, place of birth and present residence, stating of what medical college he is a graduate, and the date of said graduation, together with such other information as shall be required. No person shall be eligible to said examination until he presents to the board, by whom he shall be examined, satisfactory evidence that he has received a diploma from some legally incorporated and reputable medical college and complied with the requirements of the law concerning preliminary education. Any person passing such examination and filing said certificates and statement shall receive from the State Board of Health, upon payment of two dollars, a certificate of registration, which shall state that the person named has been found qualified so to practice. He shall be registered in the town wherein he resides or the town nearest thereto—but shall be entitled to practice anywhere in this State without further registration.

RULES FOR CONDUCTING EXAMINATIONS.

First, Help of every kind must be removed from the reach and sight of the candidate. Any candidate detected trying to give or obtain aid may be instantly dismissed from the room, and his or her paper for the entire work canceled.

Second, Questions must be given out and answers collected punctually at the time specified for that section.

Third, If the candidate withdraws himself or herself without permission from the sight of the examiner, his or her examination shall be closed.

Fourth, Pens, blotters, paper or blank books and ink will be supplied by the Secretary. No separate papers can be accepted unless thus supplied.

Fifth, The examination shall continue two days, the session of the first day being from nine-thirty to eleven, eleven to one, two to four, four to six, respectively; the session of the second day being the same, but closing at four-thirty instead of six o'clock.

EXAMINATIONS IN MIDWIFERY.

1. Examinations in Midwifery will be held on the second Tuesday of March, July and November at the same time and place as for General Practice, and under the same rules and requirements.

2. Applicants to practice Midwifery will be examined in Midwifery only and must obtain a marking of 75 per cent.

3. Examinations will be in writing; but may be taken in the language of the applicant, the applicant to furnish and pay an interpreter acceptable to the Board.

4. The examination fee will be \$10.00 and is payable at the time of taking the examination.

5. All applicants must be graduates of some reputable college or school of Midwifery and must present her diploma for inspection at the opening of the session. A photograph is also required.

EXAMINATION QUESTIONS, MARCH 10, 11, 1914.

ANATOMY.

(One and one-half hours.)

1. Give the origin and insertion of the (a) biceps of the arm, (b) pectoralis major, (c) pectoralis minor, (d) tibialis anticus, (e) tibialis posticus.

2 and 3. Trace the course of the femoral artery from its commencement to its termination, showing its relations to important structures.

4. Describe the clavicle, showing muscular attachments.

5. Describe the appendix vermiformis, giving the various positions in which its movable portion may be found.

6. (a) How far down in the posterior lumbar region may the pleura extend? (b) Give the length of the œsophagus from the teeth to the stomach, (c) its average diameter, (d) its normal points of constriction and the point of least distensibility. (e) How far down does the spinal cord extend in the adult?

7 and 8. Describe the axilla fully.

9. Describe the knee joint.

10. Give the relations of the male urinary bladder when empty and when distended with 500 c.c. of liquid.

PHYSIOLOGY.

(*Two hours.*)

1. Differentiate chyme, chyle and lymph, giving description, origin, composition and uses of each.

2. Describe the fetal circulation (diagram). What changes in the circulation take place at birth? What is the physical condition of the child if such changes do not take place properly?

3. (a) Where is the respiratory centre located? (b) What is the relation of respiration to the nervous system? (c) Describe a method of producing artificial respiration.

4. Define secretion and excretion. (b) What is the difference between external and internal secretion? (c) Name the glands in each class.

5. Give the average normal temperature, rate of pulse and of respiration in (a) the infant, (b) the adult, (c) the aged. State briefly the reasons for the differences.

6. State the origin of urea in the human body, the average amount excreted in twenty-four hours. Describe a method of determining the amount.

7. Give function of (a) medulla oblongata, (b) cerebellum.

8. Describe the different coats of the eye and give function of each. Define (a) myopia, (b) hypermetropia, (c) astigmatism.

9. Define irritability as applied to (a) muscle, (b) nerve. Classify irritants.

10. Name in order the cranial nerves. Give deep origin, course and distribution of one cranial nerve that has motor function only.

SURGERY.

(*Two hours.*)

1. Describe an untreated syphilis from its inception until so-called secondary symptoms are well established.

2. Describe the local condition in tuberculosis of a lumbar vertebra and give the symptoms.

3. Describe in full detail the operation of trephining the skull.
4. Stricture of the œsophagus: (a) Pathology; (b) Treatment.
5. Treatment of penetrating wounds of the abdomen.
6. (a) Pathology and (b) Diagnosis of ascites due to cirrhosis of the liver.
7. Symptoms and treatment of senile hypertrophy of the prostate.
8. Fracture of the patella: (a) Pathology; (b) Diagnosis; (c) Treatment.
9. Give etiology, symptomatology and treatment of anthrax (of the face).
10. Prophylactic treatment and early diagnosis of tetanus.

OBSTETRICS AND GYNÆCOLOGY.

(Two hours.)

1. *Hydronephrosis*. (a) Define. (b) Differentiate it from an ovarian cyst. (c) Prognosis.
2. *Dysmenorrhœa*. (a) What are the varieties? (b) Give etiology of the obstructive variety. (c) How is this form treated?
3. *Fœtal Heart Beat*. (a) When can the fœtal heart beat be first appreciated? (b) Where are the heart sounds heard the loudest? (c) Is the fœtal beat of much aid in determining the position of the child?
4. *Amniotic Fluid*. (a) Nature of it. (b) How is it formed? (c) What is its object before and after labor?
5. *Uterine Contraction*. What changes occur (a) In first stage of labor? (b) In second stage?
6. Describe Credé's method of expelling the placenta.
7. (a) Give the third position of the vortex. (b) How do you diagnose it by abdominal palpation? (c) Give management when diagnosed while the head is at the brim. (d) Management when the head has entered the pelvis.
8. *Hydatiform Mole*. (a) Nature of the affection? (b) Give the clinical history. (c) Treatment.

9. *Podalic Version*. (a) Give five indications for Podalic Version. (b) Cite Bracton-Hicks' combined method of delivery.

10. *Puerperal Septicæmia*. (a) Differentiate it from puerperal sapræmia. (b) How would you treat each locally? (c) How can the affection be prevented?

HYGIENE AND MEDICAL CHEMISTRY.

(*One and one-half hours.*)

1 and 2. Thoroughly discuss the prophylaxis of "plague."

3 and 4. (a) Outline the causes of the typhoid epidemic in the camps of concentration in the Spanish-American War. (b) With our present knowledge, how could most of the cases have been prevented?

5. (a) How, as a rule, does hookworm disease enter the human being? (b) How can it be prevented?

6. (a) In what respects do the means taken to prevent yellow fever differ from those employed against malaria? (b) What is the reason for this difference?

7. (a) What is Fehling's Solution? (b) What precautions are to be observed in making use of it in urinalysis?

8. Discuss briefly the causes of lead poisoning arising from drinking water.

9. State the essentials of a good school desk and seat.

10. What is the composition of air by volume at sea level?

MATERIA MEDICA AND THERAPEUTICS.

(*Two hours.*)

1. (a) Give the origin and the pharmaceutical forms of cocaine; (b) its physiological action; (c) its therapeutic action; (d) mode of administration and dosage; (e) any dangers and any reasons for caution in its use.

2. (a) Discuss pilocarpine and jaborine, from what derived and the physiological action of each; (b) the indications for the therapeutical use of pilocarpine and doses for the same; (c) contraindications, and the dangers from its use if there be any.

3. (a) Discuss chloroform, giving, briefly, its chemical formula and production, and its therapeutical and surgical uses. (b) What effect has its repeated use, by inhalation or by ingestion, upon organic integrity and upon animal viability? (c) upon the liver? (d) the spleen? (e) the blood? (f) the cardiac muscles?

4. (a) Define vaccination; (b) its usefulness, with reasons for your conclusions; (c) when and how frequently performed, number of insertions. (d) How would you determine the present immunity of a person previously vaccinated?

5. In your own way and manner, briefly discuss ergot (not over one page).

6. Give the physiological action of sodium salicylate; its therapeutical uses.

7. Give the official name, composition and uses of Dover's powder.

8. Name one physiological antagonist to each of the following drugs: pilocarpine, digitalis, strychnine, atropine, aconite.

9. Give the therapeutic measures and medical treatment of pericarditis.

10. Name the most useful animal preparations and glandular extracts, their origin, indications for use, methods of administration and dosage.

PRACTICE, PATHOLOGY AND DIAGNOSIS.

(Two and one-half hours.)

1. *Influenza*. (a) Name the types. (b) Mode of infection. (c) Complications. (d) Does the bacillus ever produce cerebro-spinal meningitis?

2. *Typhoid Fever*. Differentiate from (a) Acute miliary tuberculosis. (b) Ulcerative endocarditis. (c) Enteritis. (d) Cerebral meningitis.

3. *Acute Neuritis*. (a) Give pathology. (b) Mention the three sets of phenomena that make up the symptoms. (c) From what must it be differentiated?

4. *Colic*. Differentiate between (a) Renal. (b) Hepatic. (c) Intestinal. (d) Lead.

5. *Cerebral Hemorrhage*. (a) Name three conditions that occur as a result. (b) Explain the pathological cause of such conditions.

6. *Erysipelas*. (a) Give etiology. (b) Period of incubation. (c) Local phenomena. (d) Where are the streptococci found?

7. *Paralysis Agitans*. (a) What lesions are found? (b) What symptom is characteristic? (c) Give differential diagnosis between it and tabes dorsalis.

8. *Vocal Fremitus*. (a) Define. (b) In which side of chest is it normally the stronger? (c) In what diseases is it increased? (d) Is it increased or diminished in œdema of lungs?

9. (a) What is the difference between antitoxins and bacterial vaccines? (b) Explain action of each.

10. *Leucopenia*. (a) Define. (b) What diseases are characteristic of it? (c) Why?

APPLICANTS QUALIFIED IN JULY, 1913.

Wright, Arthur B., Columbia, 1895.

Hance, Irwin H., Columbia, 1883.

Lynch, James F., P. & S., Balt., 1913.

O'Brien, Joseph F., Univ. of Vt., 1913.

Ryder, Raymond H., P. & S., Balt., 1913.

Frost, Lawrence H., Univ. of Vt., 1913.

Horwith, Morris F., Md. Med., 1913.

Degnan, Edward J., Jefferson, 1913.

Knowlton, Don J., Harvard, 1912.

Green, Jacques H., N. Y. Univ. and Bell Hosp., 1913.

Downes, Roscius I., Jefferson, 1913.

Lawless, Robert T., Yale, 1907.

Conte, Harry A., L. I. Col. Hosp., 1912.

Rochfort, Edward L., Yale, 1912.

Sagarino, John F., Columbia, 1913.

Herz, Lucius F., Yale, 1913.

Barker, James C., Dartmouth, 1913.

Alpert, Reuben H., Yale, 1913.

Kerney, J. Edward, Yale, 1908.

Greeley, Hugh P., Harvard, 1909.

O'Brien, William H. J., Yale, 1912.
Kraus, Walter M., Johns Hopkins, 1913.

QUALIFIED IN NOVEMBER, 1913.

Aaronson, Michael S., Bellevue, 1913.
Conners, Thomas J., Univ. Md., 1912.
Young, Franklin C., Univ. Vt., 1913.
Heady, Carlton K., Jefferson, 1913.
Griswold, Matthew H., Univ. Vt., 1913.
Beaudry, Joseph H., McGill, 1913.
Janvier, Florizel, Univ. Vt., 1913.
Colgan, W. J., Georgetown, 1913.
Stilphen, Harry L., Univ. Vt., 1913.
Weldon, Edwin B., P. & S., Balt., 1913.
Russell, Evans D., Jefferson, 1911.
Quinn, Raymond J., P. & S., Balt., 1913.
Mumford, John F., P. & S., Balt., 1913.
Vartola, Anthony P., Fordham, 1912.
Projector, Harry, Bellevue, 1913.
Wilson, Ross M., L. I. Col. Hosp., 1911.
Reshower, Isidore C., N. Y. Univ., 1897.
Sullivan, C. F., Georgetown, 1912.
Locke, Harry C. F., Tufts, 1912.
Brown, Harold M., Jefferson, 1913.
Blance, Clarke, Univ. Vt., 1913.
Banks, Daniel T., Fordham, 1912.
Smelin, Solomon, Bellevue, 1913.
Dryfus, Milton L., Yale, 1912.
Zwick, Frank, Univ. Vt., 1913.
Hynes, Fred H., Tufts, 1913.
Elliott, Calvin H., Med. Chi., 1905.
Dalton, George H., Yale, 1912.
Woodward, Vernie E., Rush, 1912.

QUALIFIED IN MARCH, 1914.

Finnegan, J. H., Md. Med., 1912.
Mouradin, M. G., Woman's Med., Phil., 1913.

Cheney, G. P., Md. Med., 1913.
 Hennessey, E. H. J., Univ. Md., 1912.
 Tanner, W. A., Univ. Vt., 1912.
 Hartnett, J. J., Md. Med., 1911.
 Riordan, M. D., Univ. Vt., 1912.
 Licht, W. H., Johns Hopkins, 1911.
 Dwyer, W., Johns Hopkins, 1913.
 Donohue, J. D., Jr., Balt. Med., 1909.
 Donohue, J. J., Balt. Med., 1909.
 Douglas, W. L., Creighton, 1913.
 Barnum, C. G., Yale, 1911.
 LaMoure, C. T., Albany, 1894.

(8) Report of the Committee on Scientific Work, by Dr. George Blumer (New Haven):

REPORT OF THE COMMITTEE ON SCIENTIFIC WORK.

Mr. President and Gentlemen of the House of Delegates:

The year 1914 being the Centennial of the first graduation exercises of the Yale Medical School, and this institution having been closely allied to the Connecticut State Medical Society until 1884, it seemed fitting to the members of the Committee on Scientific Work that the programme for the present meeting of the State Society should be turned over to the Faculty of the Medical School. Accordingly, this Committee met with a Committee from the Medical School and consummated this arrangement. In getting up the programme the Faculty of the Medical School have had in mind the desirability of giving their confrères in the Medical Society some idea of the way in which medicine is now being taught in the School, and also, by way of variety, to make the programme so far as possible practical and somewhat informal, rather than written and formal. On account of the nature of the programme it has been necessary to hold the meetings in the Hospital or in the Medical School building. The Committee hopes that this innovation will serve the purpose of bringing the general profession of the State into closer touch

with the Yale Medical School and will, perhaps, inaugurate practical demonstrations as at least a part of the regular proceedings of the State Medical Society.

The following is the programme of the scientific exercises:

Wednesday, May 20, 11 A. M. to 1 P. M., at New Haven Hospital, Cedar Street. Demonstration and Clinics in Special Subjects.

1. Demonstration of the Sluder-Beck technic of Tonsillectomy. Dr. F. N. Sperry.
2. Demonstration of the Method of Suspension Laryngoscopy. Dr. Henry L. Swain.
3. Demonstration of Skin Diseases. Dr. R. A. McDonnell.
4. Newer Methods of Diagnosis and Treatment of Glaucoma. Dr. A. N. Alling.
5. Diagnostic Methods in Gastro-intestinal Diseases. Dr. L. M. Gompertz.
6. Presentation of Cases of Bone Grafting for Various Conditions in Different Localities. Dr. E. H. Arnold.

Wednesday, May 20, 2.30 P. M. to 5.00 P. M., at Yale Medical School, 150 York Street. Laboratory Demonstrations and Exhibitions.

Laboratory of Anatomy (Main Building, Second Floor).

1. Dissections illustrating the course given in the Anatomy of the Brain. Corrosion Specimens.
Anatomical Models for student use. Dr. H. B. Ferris.
2. Microscopic slides illustrating Experimental Studies of Elastic Tissue. Methods employed in Reconstruction Work:
a. Blotting paper method. b. Wax method.
Specimens (embryos and other anatomical tissues) cleared or made transparent by the Spalteholz method.
Method employed in teaching Cross Section Anatomy. Dr. J. P. Schaeffer.
3. Harrison's method of Tissue Cultures *in vitro*.
Cultures of Living Cells outside the Body.
Embryos operated on in various ways. Davenport Hooker, Ph.D.

Laboratory of Pathology (Rear Building, Second Floor).

4. Wassermann's test for Syphilis.
Complement fixation test for Gonorrhœa. Dr. C. J. Bartlett.
(A brief discussion of the underlying principles of these tests will be given to those interested in room 23, at 3.15 and 4.30.)
Preparation of autogenous vaccines, with F. B. Kinne, M.A.

Technique of obtaining spinal fluid pressure, the butyric acid test, etc., with Dr. R. W. Nichols.

5. Technique of making blood cultures.

Motile organisms under dark-ground illumination.

Experimentally produced variations in bacterial cultures. Dr. M. R. Smirnow.

6. Various strains of tubercle bacilli and other acid-fast bacteria. Dr. S. J. Maher.

7. Spermatozoa from various animals. Dr. M. McR. Scarbrough.

8. Exhibition of preserved pathological specimens, microscopic sections, bacteria, etc.

Laboratory of Physiology (Rear Building, Third Floor).

9. Acidosis index from pulmonary air.

Some causes of respiratory failure. Y. Henderson, Ph.D.

10. Demonstrations on the heart. Dr. A. L. Prince.

Laboratory of Pharmacology (Rear Building, Third Floor).

11. Fever experiments upon the brain. Dr. H. G. Barbour.

Demonstration of morphin action, with Dr. A. L. Prince.

12. Experiments in Nutrition. Dr. T. B. Osborne and Dr. L. B. Mendel.

13. Exhibition of Diabetic Foods. John Phillips Street, M.S.

Wednesday, May 20, 8.00 P. M., at Sloane Biol. Lab., Prospect Street.

Lecture: Transplantation and Explanation of Tissues and Organs. Dr. Ross G. Harrison.

9.00 P. M.

Smoker—during which Plans for New Medical Laboratories will be discussed by Dr. George Blumer.

Thursday, May 21, 9.30 A. M. to 12.00 noon, at New Haven Hospital, Cedar Street. Demonstrations and Clinics by the Members of the Departments of Surgery, Gynecology and Obstetrics.

1. View of the New Operating Pavilion.

2. Anæsthesia Apparatus.

(a) Nitrous Oxide.

(b) Pharyngeal and Insufflation. Dr. J. M. Flint.

3. Apparatus for Aspiration and Irrigation of Joints. Dr. J. W. Churchman.

4. Apparatus for Suction and Aspiration. Dr. J. M. Flint.

5. The Treatment of Empyæma. Dr. J. M. Flint.

6. Gentian Violet in Surgery. Dr. J. W. Churchman.

7. Influence of Gentian Violet on Tissue Cultures. Dr. J. W. Churchman and Mr. D. Russell.

8. Stitch Ulcers after Gastro-Enterostomy. Dr. J. M. Flint.

9. Abberhalden Reaction. Dr. J. M. Flint and Mr. Gardner.
10. Specimens of Experimental Bone Grafts. Dr. J. M. Flint.
11. Demonstration of Pathological Specimens.
12. Dispensary Cases. Dr. W. E. Hartshorn.
Fractures of the Clavicle. Dr. W. E. Hartshorn.
The Luetin Reaction. Dr. J. B. Sullivan.
13. Operations. Drs. O. G. Ramsay, J. M. Flint and J. W. Churchman.
12 o'clock (noon).

President's Address, by Dr. D. Chester Brown.

(This address will be held at the Chapel, New Haven Hospital.)

Thursday, May 21, 2.30 P. M. to 5.00 P. M., at New Haven Hospital, Cedar Street. Demonstrations and Clinics given under direction of the Department of Medicine.

1. Exhibit of Cases of Facial Hemiatrophy. Dr. Max Mailhouse.
2. Exhibit of Cases of Acromegaly. Dr. Oliver T. Osborne.
3. Exhibit of Interesting Medical Cases. Dr. Wilder Tileston.
4. Exhibit of Interesting Medical Cases. Dr. George Blumer.
5. Inspection of Milk Station of Infant Welfare Association. Feeding Conference. Dr. Joseph I. Linde.

GEORGE BLUMER, *Chairman*,
WALTER R. STEINER,
MARVIN M. SCARBROUGH.

(9) Report of the Committee on Honorary Members and Degrees, by Dr. Edward T. Bradstreet (Meriden):

REPORT OF THE COMMITTEE ON HONORARY MEMBERS AND DEGREES.

Mr. President and Gentlemen of the House of Delegates:

The Committee on Honorary Members and Degrees has the honor to report that the name of General William C. Gorgas, M.D., U. S. A., was presented to the House of Delegates at its session last year.

As a recent president of the American Medical Association and the chief sanitary officer of the Panama Canal, the reputation of General Gorgas is both national and world-wide. The Connecticut State Medical Society will greatly honor itself by his

enrollment as an Honorary Member and your Committee unanimously recommends his election as such.

Respectfully submitted,

FRANK HALLOCK,
E. T. BRADSTREET,
S. B. OVERLOCK,

Committee.

(10) Report of the Committee on Arrangements, by Dr. Charles J. Bartlett (New Haven):

REPORT OF COMMITTEE ON ARRANGEMENTS.

Mr. President and Gentlemen of the House of Delegates:

The report of this Committee has already been given in the programme of the meeting, which each of you has received. As is customary, the Committee has arranged for a smoker to be given this (Wednesday) evening. This will be held at nine o'clock in the same building in which Professor Harrison gives his lecture, Osborn Zoölogical Laboratory, and the Committee cordially invites all members of the Society with their friends to be present. To-morrow (Thursday) evening the annual banquet will be held in Memorial Hall of Yale University. All members who will attend are requested to give their names early to some member of the Committee or to the Secretary or to Dr. Spier, as the number to be provided for must be known to-night.

C. J. BARTLETT.

Adjourned at 11.50 A. M. to meet again in the afternoon at 5 P. M.

AFTERNOON SESSION, WEDNESDAY, May 20, 1914

The meeting was called to order at 5.15 P. M. by the President, Dr. D. Chester Brown. There were present Dr. Walter R. Steiner, Dr. William H. Carmalt, Dr. Samuel M. Garlick, Dr. Seldom B. Overlock, Dr. Elias Pratt, Dr. George W. Lawson

(councilors), and Dr. Myron P. Robinson, Dr. Frederick B. Willard, Dr. Edward S. Moulton, Dr. Edward W. Goodenough, Dr. Eli B. Ives, Dr. David B. Wason, Dr. Martin V. B. Dunham, Dr. Frank W. Stevens, Dr. Ralph S. Goodwin, Dr. James Stretch.

(11) Report of the Committee on a Sanatorium for the Nervous Poor, by Dr. Rienzi Robinson (Danielson):

REPORT OF THE CHAIRMAN OF THE COMMITTEE ON SANATORIUM FOR THE NERVOUS POOR.

Mr. President and Gentlemen of the House of Delegates:

Owing to the illness of the chairman and absence for the past six months no meeting has been held during the year. As no action was taken by the Society after its first and only report, the Committee was under the impression that the duties under its appointment were completed, and it ceased to exist as a Committee. It seems the Society did not share this view, and held that the Committee was still in existence, and a report was called for in the announcement of this meeting. Although we have not held a regular meeting, I think the consensus of opinion is that though a sanatorium is much needed and desired for this class of patients so frequently met by the physician, it is not wise to push the matter until some of the other things already before our Legislature be disposed of, lest by getting too many irons in the fire some of them may be burned and spoiled. I refer to the insane, feeble minded, epileptics and inebriates, not yet properly cared for.

Our Legislative Committee has its hands full already with the above classes and their burden should be made lighter rather than heavier by the addition of new work at this time. Still the time will come when the state must take action to protect the nervous poor from drifting into our insane asylums, and also to save the greater expense of cure over the lesser expense of prevention.

R. ROBINSON,
Chairman.

(12) Report of the Committee on a State Farm for Inebriates, by Dr. Frank H. Barnes (Stamford):

REPORT OF COMMITTEE ON STATE FARM FOR
INEBRIATES.

House of Delegates, Connecticut State Medical Society, Gentlemen:

The Committee on the State Farm for Inebriates desire to inform you that they presented a bill to establish the Institution to the Connecticut Legislature during the session of 1913. The bill as presented and O. K.'d by the various Charity Organizations throughout the State was passed by both the Assembly and Senate. Unfortunately it was vetoed by Governor Baldwin and failed to become a law. Your Committee feels that the work which has been done is of some benefit. The fact that the majority of the legislatures of the State believed that such a farm was necessary and cast their votes for it was very gratifying. It shows that ultimately the bill will become a law. We are quite ready to present a revised bill at the next session of the legislature if it is your wish.

Signed for the Committee,

F. H. BARNES, M.D.,

Chairman.

(13) Report of the Committee on Medical Inspection of Schools, by Dr. Edward W. Goodenough (Waterbury):

REPORT OF COMMITTEE ON MEDICAL INSPECTION
OF SCHOOLS.

The President and Gentlemen of the House of Delegates:

The following letter was sent to the Chairman of the Town School Committee of each town in the state:

WATERBURY, CONNECTICUT, March 9, 1914.

DEAR SIR:--The members of the Committee of the State Medical Society on Medical Inspection of Schools seek to ascertain the amount

of medical supervision the public schools of each town receive, in order that a basis for future work may be established.

We would appreciate answers to the following list of questions at as early a date as possible.

Very truly yours,

EDWARD W. GOODENOUGH, *Chairman*;
CHARLES P. BOTSFORD,
WILLIAM B. COGGSWELL,
THOMAS G. SLOAN,
JOSEPH H. TOWNSEND,

Committee.

1. Do you have medical inspection in your schools?
 - (a) How often?
 - (b) For (1) Physical and mental defects?
 - (2) Contagious disease?
 - (3) During epidemics?
 - (c) Under authority of (1) Board of Health?
 - (2) School Committee?
 - (d) Done by (1) Teachers?
 - (2) Nurse?
 - (3) Physician?
 - (4) System used?
 - (e) Cost: (1) Nurse?
 - (2) Physician?
 - (3) Miscellaneous?
 - (4) Cost in relation to number of pupils?
 - (f) Results?
 - (g) Records—how kept?
2. Have you an open air school?
 - (a) Supported by?
 - (b) Number of pupils?
 - (c) Do you admit tubercular cases?
 - (d) Results?
3. What private schools hold sessions in your town?

In some cases a second and third letter was necessary. Reports were received from 166 towns,—only two towns missing.

The school buildings throughout the state are as a rule inspected by the health officers prior to the opening of the fall term and twenty-two towns report also an annual inspection of

the school children, in addition to the eye test which is required by law once in three years. All health officers issue permits for return to school after absences for any of the communicable diseases and they are available as advisers to the school authorities.

The following towns report that they have medical inspection of schools varying from every day in some towns to once a term in others: Ansonia, Bristol, Bridgeport, Branford, Darien, Derby, East Hartford, Greenwich, Hartford, Meriden, Middletown (city), Naugatuck, New Britain, New Haven, New London, Plymouth, South Manchester, Stamford, Suffield, Torrington, Wallingford, Waterbury, Westbrook, Wethersfield, and Winsted.

This inspection is under the authority of the Board of Health in Ansonia, Bridgeport, Hartford, Naugatuck, New Haven and Waterbury. Under the School Committee or Board of Education in Bristol, Darien, East Hartford, Greenwich, Meriden, Middletown, New Britain, Plymouth, South Manchester, Stamford, Suffield, Torrington, and Wallingford. Under the joint management of both in Derby and New London and managed by the Visiting Nurse Association in Branford.

The following towns employ a school nurse: Bridgeport (4), Bristol, Greenwich, Meriden, Middletown, New Britain, New Haven (6), New London, South Manchester, Stamford, Torrington, Wallingford and Waterbury (2).

New London employs a dentist who treats free of charge all cases reported by the school nurse. The cost is about \$1,200 per year. Bridgeport has appropriated \$6,000 for a dental clinic next year for school children and in New Haven it is planned to start a dental clinic at the Greene Street School.

The amounts expended for medical inspection of schools in the various towns, so far as reported, are: Ansonia, \$500; Bristol, \$1,050; Bridgeport, \$5,400; Derby, \$225; East Hartford, \$200; Greenwich, \$1,400; Hartford, \$2,400; Meriden, \$1,500; Middletown, \$1,300 (Physicians serve gratis); Naugatuck, \$500; New Britain, \$1,300; New Haven, \$6,100; New London, \$1,500; Plymouth, \$117; South Manchester, \$1,146; Stamford, \$1,550; Suffield, \$100; Torrington, \$800; Walling-

ford, \$1,125; Waterbury, \$2,800 and Winsted, \$850 for nurse, with fees to physicians.

The reporters from eleven of these towns report excellent results and state that there has been less sickness with a larger percentage of attendance, cleaner children and the children do better work. The others report good results or make no comment. In one instance only is the result unsatisfactory, due to lack of coöperation between health and school authorities.

The result of the employment of two physicians by the Board of Health in New Haven with six nurses under their direction has proven very satisfactory. Professor Gesell has done valuable work for the schools by his examination of mental defectives. The records made by the physicians under a card system are kept at the schools. Individual physical examinations are made once in two years in case of each pupil. The results are excellent.

In Bridgeport, the Department of School Hygiene under the Health Department has one physician, Dr. F. A. Sherman, who receives a salary of \$1,800 and gives full time to the work. I will read from her letter. "Four years ago this coming fall I began my work here alone. At the beginning of the second year a school nurse was appointed and before the end of the year another. The third year we started with two regularly appointed nurses and before the year closed a third one was added. Now there are four nurses working and next fall two more will be added. Three dental nurses will be added under the control of the new Prophylactic Dental Clinic which opens then. The work as a whole this year has made great strides. I am delighted with the response we are getting and best of all with the attitude of the parents toward the work. We are welcomed this year, thanked instead of cursed. It is an educational proposition, and the longer I work, the less I am in favor of legislation so far as compelling removal of defects found. These will be removed without. The value of a well trained corps of nurses cannot be over-estimated. The educational value of this is far-reaching and most gratifying. Two of our nurses are paid \$800, the others \$750. We have \$500 appropriated for our clinics. We now have an eye and skin clinic devoted wholly to school chil-

dren. My orthopedic patients are taken care of at Dr. Hawley's clinic which is held in connection with the day nursery here. The hospitals take care of our poor—nose, throat and nervous cases. This year we received an appropriation of \$6,000 for the establishment of a prophylactic dental clinic, which will be the first of its kind."

Twenty-nine towns report some form of paid inspection aside from the ordinary duties of the Health Officer and several of the other towns are having inspection without additional expense. Willimantic, Danbury, Norwich, Rockville, Putnam and the Norwalks are still waiting for the inspiration to strike them.

OPEN AIR SCHOOLS.

In Hartford, the open air school is supported by the city with seventy pupils at the present time; tubercular pupils are admitted in the early stages and the results are very good indeed.

In New Britain, the open air school has forty-eight pupils. No tubercular pupils are admitted. Results are excellent.

In New Haven, the school department pays for an open air school of thirty-two pupils, where tubercular pupils are admitted.

In Bristol, there is no open air school but two open air rooms are supported by the south side school district with eighty pupils. No tuberculous cases are admitted. The results are very satisfactory.

Waterbury has a private open air school with twenty-nine pupils at present. The open air school building adjoins the Waterbury Industrial School, in which three sessions were held during the last winter because of cold. There are at present two teachers and a supervisor. The children have breakfast at 8.30, of milk, cereal and bread and butter. At 12.30 they have dinner, and luncheon at 3.30, after which the children go home. Next fall this school, which is at present supported by private contributions, will have a visiting housekeeper, who will see that the children who return home sufficiently improved to attend the public schools, have the proper food prepared by their parents. Beginning September 1st, the children will also be taught to help prepare their own food by this same housekeeper. This school

has already done much to remove the fear of fresh air. Eventually, it must become a part of the public school system.

In Litchfield, there is no open air school, although during pleasant weather last fall the first two grades spent one-half of each school day out of doors under the teacher's direction.

In this connection, the report of Superintendent Wheatley of Middletown of fresh air in the school rooms, as given in the bulletin of the State Board of Health, is a contribution to health which is worthy of imitation by every town in the state.

A most valuable work has started among the smaller towns. A physician is employed to inspect the schools for physical defects and contagious diseases once each term. The expense is small. The serious physical defects can in this way be pointed out. Children who are mental defectives can be kept under observation until a place is provided for them by the state. This is possible, yes, feasible for every country town.

We as physicians must feel the importance of school inspection under medical supervision. Nurses are most valuable. Their best work in schools, as in families, is to be wrought out under the direction of a trained physician.

Respectfully submitted,

E. W. GOODENOUGH.

THE PRESIDENT: There is a matter of seating a delegate, Dr. Edward W. Goodenough, who presents a proxy from Dr. Frederick G. Graves, of New Haven County. It depends entirely on what the By-Laws of New Haven County provide regarding alternates.

DR. WILLIAM H. CARMALT (New Haven): The matter was brought up at the last meeting of the New Haven County Society and it was decided that a delegate who could not be present could *appoint a proxy*.

It was voted that Dr. Edward W. Goodenough be seated as the substitute for Dr. Frederick G. Graves, delegate from New Haven County.

(14) Report of the Committee on National Legislation, by Dr. Everett J. McKnight (Hartford):

REPORT OF COMMITTEE ON NATIONAL LEGISLATION.

Mr. President and Gentlemen of the House of Delegates:

The situation as regards national health legislation remains unchanged.

Provision has been made for the revision of Senate Bill No. 1, and it is probable that before long we will have some form of a National Department of Health.

The tenth annual conference on Medical Legislation was held in Chicago, February 23, 1914, under the auspices of the Council on Health and Public Instruction of the American Medical Association, Dr. Henry B. Favill, Chairman.

Dr. Frederick R. Green, Secretary, stated in his report that over one thousand bills on various health topics had been introduced in the legislatures then in session. He outlined the proposed activities of the council as follows:

1. A survey of the present situation in public health activities in the United States, with a view to ascertaining the exact conditions which now exist, in order that intelligent plans for their improvement may be made. This survey is to be fourfold, covering the following fields:

(a) The public health activities of the federal government in its various departments, including a summary of the public health organizations of other national governments as a basis of comparison.

(b) A survey of State public health organizations and activities.

(c) A similar survey of those municipal departments of health of sufficient importance to justify it.

(d) A survey of voluntary organizations interested in and working on public health problems. Such a survey to be carried on through the central committee on national health organizations. This committee was appointed at the New York conference held in April last year.

As a result of this fourfold investigation, the Council hopes to present to the public during the coming year a complete report showing the amount of work being done in the public-health field by federal, state, municipal and voluntary organizations, what is actually being accomplished, what this work is costing, and who is paying the bills.

2. The second line of activity of the Council includes the stimulation and development of public opinion in favor of improved public-health conditions. This work is being carried on through the press bulletin, the lecture bureau, the distribution of pamphlets and other educational activities of the Council.

3. The organization of a medico-legal bureau for the study of the legislative side of public health work and the development of model laws on public health topics.

The representatives from the different states reported on the status of health legislation in their respective states. Your representative had no fault to find with Connecticut in comparison with the other states.

While in the House of Delegates of the American Medical Association the gentleman who is now presiding over this body gets all that is coming to Connecticut, your other delegate has his innings at this conference.

For four years he has been a member of the only committee raised, that on Resolutions, and three times out of the four its chairman.

The Committee on Expert Testimony has given a great deal of thought to this subject and hopes to be able to submit a proposal in the form of a bill at the next meeting of the conference.

Reports were received from the Committee on Conservation of Vision, Public Health education among women, Resuscitation from Electrical Shock and Mine Gases, Protection of Scientific Research, Coöperation with the National Educational Association and Railway Sanitation.

A paper was read by Dr. William F. Snow, General Secretary of the American Social Hygiene Association, on the Preventive Medicine campaign against Venereal Disease.

Dr. C. A. Harper, State Health Officer of Wisconsin, spoke on Wisconsin's experiment in marriage legislation. During the last few days of the 1913 session, the Wisconsin legislature passed a law to the effect that no person could procure a marriage license until he had filed a certificate from a licensed physician that such person was "free from acquired venereal diseases, so nearly as can be determined by physical examination and by the application of the recognized clinical and laboratory tests of scientific search."

This law went into effect January 1, 1914, and considerable controversy arose as to the exact interpretation of it.

Many physicians, however, refused to make the examinations for the fee allowed—\$3.00, and I understand the law has since been declared unconstitutional by the courts.

The controversy has, however, awakened a great interest and will be extremely beneficial and far-reaching, not only in Wisconsin but in adjoining states which have become interested in the experiment.

"What should be the relation of the Medical Profession to the Secular Press," by Dr. J. W. Pettit of Illinois, was of considerable interest, as also was the paper by Dr. Frederick L. Green, Secretary of the Council, on "Sixty-six years of Medical Legislation."

The last paper of the conference was by the President of the Association, Dr. John A. Witherspoon, on "Public Education, a Duty of the American Medical Association."

On the whole, the conference was a success, and your delegate trusts that this Society and the people of this State may receive some benefit from his attendance thereon.

Respectfully submitted,

E. J. McKNIGHT,

Chairman.

(15) Report of the Committee on Publication of Medical Journal, by Dr. Walter R. Steiner (Hartford):

REPORT OF COMMITTEE ON PUBLICATION OF MEDICAL JOURNAL.

Mr. President and Gentlemen of the House of Delegates:

The Committee on Publication of a State Journal has carefully considered the proposition and would advise against such a periodical at present. We are just emerging from the incubus of a debt placed upon us by the publication of our proceedings in the *Yale Medical Journal*, so we do not consider a State Journal now feasible. If, in the future, a quarterly or bi-yearly periodical be started by the Yale Medical School, it might be well to be associated with it, or even begin one ourselves. It seems to us our present duty is to come out of the wilderness of financial difficulties and accumulate a little greater surplus in the treasury.

Respectfully submitted,

WALTER R. STEINER,
FREDERICK B. WILLARD,
M. McR. SCARBROUGH.

HARTFORD, May 19, 1914.

(16) Report of the Committee on Public Health Education, by Dr. Joseph Townsend (New Haven):

REPORT OF THE COMMITTEE ON PUBLIC HEALTH EDUCATION.

This Committee was created by the convention last year to take up and carry on the work started by the State Committee for Public Health Education of Women, appointed by the American Medical Association, not as we understand it that our work is to be only among women, but for general health education.

The Committee was not appointed until late in the winter, so that aside from a general survey of the field as to future possibilities, the work of the Committee has been largely done by

individual members, in social service and lectures before various clubs, of which Dr. Taylor will speak.

When asked to take the Chairmanship of this Committee, I accepted, as I have long felt the need of some public health educational work throughout the State. In my last report to the Governor for the State Board of Health, there appears this statement:

“One direction in which the Board is anxious to do more effective work is in the fulfilment of its educational duty. The opening of the twentieth century has marked a great awakening by the people in sanitation, and the most casual observer can not fail to notice the increasing interest in health matters. This Board may justly claim its share in the work by aiming at a broader and more general education in public hygiene and a thorough understanding of its relation to the daily life of the individual, and a closer relation between the health agencies of the State. To this end we have asked the Legislature for a larger appropriation for the general expenses of the Board, in order that we may extend our educational and publicity work. We propose, if this is granted, to increase the size and scope of our monthly bulletin, to furnish speakers or the material for lectures on hygiene and to prepare exhibits on rural hygiene for agricultural fairs and other places.”

The State Board did ask for the modest sum of three thousand dollars for this important work, but owing, I believe, to the lack of any outside influences to show the necessity of such work, the attempt to secure funds failed. This calls attention to one way in which this Committee can be of great assistance to the State Board of Health in promoting educational work. The state expends over a million dollars each year for the care of the sick in our general hospitals, tuberculosis sanatoria, insane asylums and other institutions, so that it would seem that a few thousand dollars for prevention could be well afforded. This Committee can not accomplish very much more than it has during the past year, without some funds; talk alone will not suffice, but lantern slides, moving pictures or exhibits must be employed to attract and hold the attention of the people it is most desirable

to reach. We forbear in the present financial strait of the Society to ask for an appropriation, nor do I think that the physicians, who have always given and always will give so freely of their time for public health education, should be asked to contribute their money also. This should come from public appropriation or private contribution. It is our belief that there is sufficient probability of future usefulness to warrant the continuance of the Committee.

Respectfully submitted,

JOSEPH H. TOWNSEND,
Chairman.

(16a) Report of the Women's Committee on Public Health Education, by Dr. Maude W. Taylor (Hartford):

REPORT OF THE HEALTH EDUCATION COMMITTEE AMONG WOMEN.

To the House of Delegates:

The work during the past year has of necessity been largely formative, so, like all foundations, there being so much underground, it leaves less to show for our endeavors.

In Fairfield County, Dr. Florence Sherman of Bridgeport has formed an association of parents and teachers where lectures on the physical, mental and moral betterment of the child are enjoyed regularly. She has also lectured to various clubs, such as the Y. W. C. A., and given health talks in the public schools along with her work of inspection; the latter she hopes to extend another year. Through Dr. Sherman's influence, Dr. S. J. Baker of New York was persuaded to lecture in Bridgeport on "Child Hygiene in Municipalities."

In Middlesex County, the Health Education Movement has been well organized by Dr. Kate Mead, and every town in the county has had at least one health lecture during the winter, and good audiences have rewarded speakers almost without exception. Some of the students under Professor Gowin of

Wesleyan have been called upon to go and lecture in some of the smaller places of the county. Among other lectures given by Dr. Mead was one where she used some milk slides of the New York Board of Health. This talk was an unusual success. Many of the Middletown doctors are giving talks to the Little Mother's League, preliminary to the milk work which begins in June. A baby contest, where three prizes were awarded for greatest improvement, has been held in Middletown, and it is expected others will be arranged throughout the county. Efforts for a factory nurse in Middletown were unsuccessful.

In Hartford County, Dr. Catherine Travis of New Britain has given talks to the Camp Fire Girls of that city. I have given talks in six towns of that county on various health topics. Because of our own lack of funds we have interested one of the clubs in Hartford to publish a short and concise leaflet on the "Care of Food in the Home." These are to be distributed through the dispensary and other organizations where they are most needed. As the warm weather approaches we are endeavoring to have fly films shown at the moving picture theatres. Through this medium we hope to reach people that would be hard to teach in any other way the dangers of the fly.

Respectfully submitted,

MAUDE W. TAYLOR,

Chairman of Women's Committee.

(17) Report of the Delegates to the American Medical Association, by Dr. Everett J. McKnight (Hartford):

REPORT OF DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

Mr. President and Gentlemen of the House of Delegates:

The 1913 annual meeting of the American Medical Association was held in Minneapolis, Minn., on June 16 to 20.

Your delegates were wholly unprepared for the warm reception which they received at Minneapolis. They do not remember

having ever suffered more intensely from the heat than they did during that meeting.

On account of the importance of the business before the House of Delegates, your representatives were unable to attend any of the scientific exercises of the meeting. I think we did see some moving pictures of epileptics and spent part of one forenoon in the Scientific Exhibit. Dr. D. Chester Brown was again appointed Chairman of the Committee on Credentials.

It would be impossible to give anything like a detailed account of the work done by the House of Delegates. President Jacobi, in his address, recommended that secretaries of sections be elected for a longer time than one year. It was recommended by the House of Delegates that the first five sections elect secretaries for a term of three years, the next five for two years and the last five for one year, and that thereafter, each section elect its secretary for a term of three years.

The number of papers to be read in any one section was limited to thirty instead of forty, as heretofore.

Article 3 of the Constitution was amended so as to read:

The membership of this Association shall consist of the members in good standing in its constituent State and Territorial Associations.

There shall be conducted by the American Medical Association a scientific session in which all members of the Association who qualify, as hereinafter provided in the by-laws as Fellows of the American Medical Association, shall be privileged to participate.

Up to this time, the constituent State Societies had elected delegates to the American Medical Association, although some of the members of said constituent societies were not members of said Association. Now, every member of the County Association is a member of his State Society and of the American Medical Association. If he wishes to become a Fellow and participate in the scientific session, he must make application for fellowship on the prescribed form and subscribe for the Journal, paying the annual dues for the current year.

The Judicial Council made a thorough investigation of the matter of secret division of fees, etc., and recommended the adoption of the following resolutions:

Resolved, That any member of the American Medical Association found guilty of secret fee-splitting or of giving, or receiving commissions, shall cease to be a member of the American Medical Association.

Resolved, That the House of Delegates of the American Medical Association recommends to each constituent body that it endeavor through the action of its various county societies to reform the various abuses of lodge practice in their separate communities in order that the lodge may give an adequate service to its members and an honorable remuneration to the medical men.

These resolutions were adopted.

We wish that every member of this Society could read the report of the Council on Health and Public Instruction which was presented by the Chairman, Dr. Henry B. Favill, in order that he might have some idea of the amount of work which is being done by the American Medical Association through this Council.

During the year from June 1, 1912, to June 1, 1913, forty-four Press Bulletins were issued, with an average circulation of 4,763. The items contained have been more generally used than in previous years and there has been a marked change in the attitude of the Press towards the Medical Profession and the Association.

The work of the speakers bureau has been enlarged, speakers having been furnished for 213 meetings held in the seven months from November 1, 1912, to June 1, 1913. A speaker's handbook, containing information and statistics, was issued during the year. A number of pamphlets on anti-vivisection, the suppression of tuberculosis, sex hygiene, wood alcohol poisoning, medical inspection of schools, fraudulent advertising, State regulation of marriage, etc., have been issued.

Through the efforts of this Council, a conference of public health organizations was held in New York on April 12, 1913, at which a resolution was adopted authorizing the chairman to appoint a committee of fifteen to consider the entire question of public health activities and the ways in which they could be improved, and to report its findings with definite recommendations to a subsequent meeting of the conference.

On January 1, 1913, there was established a Medico-Legal Bureau in which will be collected, under a competent person, all material bearing on public health legislation and activities.

In 1912 the National Electric Light Association requested the Council to appoint a commission on electrical shock. This commission prepared a chart and a book of directions for resuscitation from electrical shock, which has been distributed to electric light plants, power houses, etc., in this country and has been translated into several foreign languages. As a result of this work, the director of the Bureau of Mines of the United States Department of Labor asked the Council to appoint a similar commission on resuscitation from mine gases, which was done.

The sub-committee on railway sanitation has done excellent work, especially in the investigation of water supplies for railway companies.

The sub-committees on medical expert testimony and on revision of the Model Vital Statistics Law, are doing excellent work.

This Council also has in its charge all National Public Health Legislation.

The report of the sub-committee on the prevention of blindness shows that a great amount of work along that line has been done during the year.

This Council has many other activities, but enough has been reported to show the great amount of good which is being done by it in the preservation of the health of the people of this country.

Not less important is the work which has been accomplished by the Council on Medical Education, which lack of time prevents me from reporting in detail. Suffice it to say that in 1904 there were 166 medical schools in the United States. Largely as a result of the work of this council this number was reduced to 110 at the close of the college year of 1913. This was accomplished partly by the disappearance of the commercial medical schools which have gone out of existence, but more largely by the merger of several smaller schools into one larger and stronger school. As a result the standard of medical education in this country has been markedly elevated with immense benefit to the medical profession and the general public.

The following resolution was adopted :

Resolved, That the House of Delegates of the American Medical Association heartily endorses the so-called "Printer's Ink Bill," is gratified that it has become a law in several states, and hopes that in the near future it may become effective in every state in the Union.

The Printer's Ink Bill is as follows :

Any person, firm, corporation or association who, with intent to sell or in any wise dispose of merchandise, securities, service, or anything offered by such person, firm, corporation, or association, directly or indirectly, to the public for sale or distribution, or with intent to increase the consumption thereof, or to induce the public in any manner to enter into any obligation relating thereto, or to acquire title thereto, or an interest therein, makes, publishes, disseminates, circulates, or places before the public, or causes, directly or indirectly to be made, published, disseminated, circulated, or placed before the public, in this state, in a newspaper or other publication, or in the form of a book, notice, hand-bill, poster, bill, circular, pamphlet, or letter, or in any other way, an advertisement of any sort regarding merchandise, securities, service or anything so offered to the public, which advertisement contains any assertion, representation or statement of fact which is untrue, deceptive or misleading, shall be guilty of a misdemeanor.

This statute is not only directed against quack medical advertisements, but fraudulent advertising of every kind and character, hence is more effective than our code of ethics could be even if it had the force of a legal enactment.

This meeting of the House of Delegates was the most harmonious we have ever attended. While there was an attempt on the part of certain individuals to create discord and dissension for their own advancement it availed them nothing, and we feel that the House of Delegates of the American Medical Association, as now constituted, can be depended upon to carry on the good work which is now being accomplished, and that it is entitled to the support of every intelligent and honorable physician in the land.

Dr. Victor C. Vaughan, Ann Arbor, Mich., was elected President of the Association, and Atlantic City was selected as the place for the next meeting.

Respectfully submitted,

E. J. McKNIGHT,
D. CHESTER BROWN.

THE PRESIDENT: The next order of business is the election of Honorary Members.

The Secretary read the report of the Committee, for which see page 52.

Colonel William C. Gorgas was elected to honorary membership in the Society.

(18) Miscellaneous Business:

DR. E. J. McKNIGHT (Hartford): I should like to make a report of the Reference Committee on Public Policy and Legislation.

The Reference Committee on Public Policy and Legislation, to which was referred that portion of the report of the Councilor from New Haven County relating to a change in the law providing for the revocation of license of physicians convicted of crime, respectfully reports that it has had the same under consideration and is of the opinion that the matter is not properly before it.

It recommends that those interested formulate a motion covering the matter and present it to the House of Delegates at the proper time under the head of miscellaneous business, in order that there may be opportunity for full discussion and for the House of Delegates to give definite instructions to the Standing Committee on Public Policy and Legislation regulating its further action in the matter.

Respectfully submitted,

E. J. McKNIGHT,
For the Committee.

THE PRESIDENT: The Committee on Public Policy and Legislation has just reported upon a matter which was referred to it, contained in the Report of the Councilor for New Haven County, Dr. Carmalt. This report is signed by Dr. McKnight, as Chairman of the Committee. Is this report from the entire committee?

DR. E. J. McKNIGHT (Hartford): Only from the three members of the committee present at this meeting. They asked me to sign the report for them.

THE PRESIDENT: The idea is to find out how the members of the Committee on Public Policy and Legislation would work as a reference committee.

DR. E. J. McKNIGHT (Hartford): If they had known that they were to act in that capacity, I think that they would have been here.

It was voted that the Report of the Reference Committee on Public Policy and Legislation be accepted.

DR. W. H. CARMALT (New Haven): I move, Mr. President, that the Committee on Public Policy and Legislation consider the advisability of so altering the law as to have it read that

"Every person who shall give or administer to any woman or shall advise or cause her to take or use anything or any means with intent to procure upon her a miscarriage or abortion, unless the same shall be necessary to preserve her life or that of her unborn child, shall be fined not more than one thousand dollars or imprisoned in State prison for not more than five years or both, and should such a person be a physician or a surgeon or a midwife licensed to practice, such license shall be forever revoked."

DR. W. H. CARMALT (New Haven): I move the reference of this resolution to the Committee on Public Policy and Legislation, with power to act. They can bring it before the Legislature at its next session.

DR. S. M. GARLICK (Bridgeport): This proposition implies a committing of this Society to whatever action the Committee may decide to take, without any opportunity for fair consideration. The matter involves an amendment to an important part of the constituent law of our State. If the resolution had stopped at the point of its being referred to the Committee for the purpose of considering it and of bringing it, if they saw fit, before the Council of the Society, it would have been admissible and proper; but with the question of the presence of a quorum unsettled, I do not think that it is proper to commit the Connecticut State Medical Association to a modification of the law of the State—especially as, for no reason that I can give, there has been allowed no opportunity for discussion.

DR. E. J. McKNIGHT (Hartford): That was exactly the point that the Committee wished to make, that the matter be left to the House of Delegates. That would be better than to leave it

to the Committee, which would be a smaller number than even our small quorum.

THE PRESIDENT: Are there any further remarks?

DR. S. M. GARLICK (Bridgeport): I cannot consent that this matter shall be brought up in this way without someone's speaking to the other point. I do not myself feel adequate to do that. I am not a speaker on my feet.

This proposition—should it be carried out—and, as I have already said, it would be manifestly, I think, entirely right to submit it to the Committee for consideration, if that Committee were not given such unbounded authority, without opportunity for learning anything of the will of the body of the Delegates. If, however, we must vote on the question, I think that we should be better able to judge what we are to vote on. As the matter stands to-day, a Committee of this Society stands between the offender and blackmail, excessive punishment and the loss, indeed, of the possibility of making a livelihood. If there were no other reasons, it is hard that a young man, if you please, who commits a fault, a grievous fault (and there is no one that will consider it more grievous, as a matter of fact, than myself)—but all faults, because they are grievous, are not wisely brought to the most severe punishment. Suppose that a young man of your acquaintance, if you please, or your friends', it might be, or entirely independent of your acquaintance or friendship, commits an act of this kind as a measure of indiscretion. Before the law, he is guilty. The law can take no cognizance of the circumstances. It may modify his punishment to some degree; but, according to the proposition presented to us to-day, the act carries with it a penalty greater than the law itself can inflict. I submit that to take away a young man's license, for which he has spent thousands of dollars and years of time, because he fails in the perfect ethics of his profession, and shut him off from his own livelihood, is worse than for the State to inflict a penalty of one hundred dollars. It is ten thousand dollars to him, and it is not right.

The whole matter comes up from an *ex parte* standpoint. There has been no judgment and no discretion placed in the

matter, which arises simply from a determination to carry a given issue. The case that has been referred to in the Report of the Councilor for New Haven County is that of a young man who was guilty. He pleaded guilty, and the court inflicted one-tenth of the pecuniary penalty, making no account of the penalty of imprisonment. Now we are asked, as members of the examining committee, to request the Board of Health to take away that young man's license. He went before that Board and said that he had done wrong. This was due partly to indiscretion and partly over-persuasion. He told them that he had had no purpose and no intention to do wrong, and that he would never do the thing again.

Now, shall I tell you more? It is not a fair judgment in the application of law. It is a fair judgment, though, in the application of equity between you and me, us and him. My wife is to be confined within two months. If you take away my practice, I have no means of support for her, myself or my child; and what shall I do? I am not fifty, or sixty, or seventy years old. Manifestly, that has a fair relation in equity. We are not a judicial body. We are not passing on the actual laws of the land. There is where the wrong comes in this proposition. It puts a man before the law, which can do nothing else than exact the punishment prescribed.

Another thing, gentlemen,—do not surrender your prerogatives. The Connecticut Medical Association has been an honorable association. The Connecticut medical men are honorable, as they are in few States. What has the Connecticut Medical Society done in some large way? The hospital that we are in is the product of the Connecticut medical men. It is not a product of the State. The insane asylum at Hartford is the product of the medical men; it is not the result of the State. The Connecticut Medical Society surrendered, for what it believed to be good reasons, its prerogative to the Yale Medical School. The State Medical Society, for what it believed to be good reasons, also surrendered its prerogative in the insane asylum at Hartford. We have lived in a time when medical men said, "We are above law"; but the State saw fit, at our

request, to pass laws for our restraint. Now I think it is valuable, I think it is very important, sir. The nomination of the entrance to medical practice in the State of Connecticut is left in the hands of this Society, a very large percentage of it; and that which is not in the hands of this Society is in those of the other two societies. Is that not a prerogative to be proud of? More than that, it is in the law that the State permit the medical man, as a representative of his Society, to stand between the complete punishment of the medical man who is guilty of crime and its actual application. Is that not one of the grandest things put before a medical man? and you want to surrender it! I should be ashamed if the Society should do that. And why? I want to tell you. I wish I could speak my thoughts.

DR. JAMES STRETCH (Stafford Springs): I think that there is truth in what Dr. Garlick says. It is a hard thing for a young man to be punished so severely for such a fault. Some young men are so soft; and if a girl comes to a young chap like that and, crying, asks him to help her escape the consequences of some foolery for the sake of her mother, he is apt to slop over a little. I can readily conceive that in some cases, sooner than see this youngster damned for her indiscretion, he would try to help her out of her trouble. If any disaster happened in a case of that sort with a law like this on the statute books, there would be no chance for the offender. He would have committed a crime.

DR. W. H. CARMALT (New Haven): I think it is only fair to bring before this body the fact that this law is not retro-active. I do think that it is up to the dignity of the profession of the State of Connecticut to let men understand what the feeling of the profession is with regard to abortion in the future. Here is simply a proposed change in the law which leaves it to a proper judicial officer, who has the opportunity to listen to both sides, who must listen to both sides. The case is then presented with all the safeguards that the law can give; and, as I said in my report, they are many. Having been convicted, the man is a disgrace to his profession; and I think that the Connecticut Medical Society ought to say so. I think that this matter can

be left to the discretion of the Committee on Public Policy and Legislation. If I cared to go into the details of things now past, which are not affected by this law at all, I could say a good many things that I do not care to rake up; but I think that the law, as I have proposed it, is a perfectly good one, and embodies a proper position for the profession of the State to take, that a man who commits or assists in committing an abortion has no business to practice medicine. If the case is such that it requires a decision as to the advisability of such punishment or not, the accused can have proper counsel and his case can be plead in a proper way; but to do these things in secret, and because someone else is doing them, is not quite the excuse to make. To allow this is pretty poor public policy, to my mind.

DR. E. S. MOULTON (New Haven): I am in favor of Dr. Carmalt's motion; but the point made by Dr. Garlick is that it would be a mistake for this small number of delegates to take such decided action.

It was finally voted that the Committee on Public Policy and Legislation should report to the House of Delegates upon the subject some time before the meeting of the Legislature.

DR. JAMES STRETCH (Stafford Springs): The Tolland County Medical Society wished me to present the following:

ROCKVILLE, CONN., May 4, 1914.

We, the undersigned, members of the Tolland County Medical Association and, collectively, constituting the entire membership of the said Tolland County Medical Association, having been informed that Dr. Frederick Gilnack of Rockville has been obliged to retire from the practice of medicine solely by reason of ill health, and whereas, the said Dr. Frederick Gilnack has been for nearly fifty years engaged in the practice of medicine, and during all that time has been a member in good standing of the said Tolland County Medical Association and of the Connecticut State Medical Society, and, also having been informed that the said Dr. Frederick Gilnack has presented his resignation as member of the said Tolland County Medical Association and Connecticut State Medical Society, we sincerely wish, individually and collectively, that he be retained as a member in good standing, of the said County Medical Association and State Medical Society, and we do hereby

unanimously recommend to the House of Delegates of the said Connecticut State Medical Society that he be exempted from taxation.

ELI P. FLINT.	F. W. WALSH.
T. F. ROCKWELL.	DONALD L. ROSS.
T. F. O'LAUGHLIN.	WILLIAM L. HIGGINS.
F. M. DICKINSON.	F. E. JOHNSON.
W. B. BEAN.	I. P. FISKE.
F. L. SMITH.	E. A. BRACE.
J. P. HANLEY.	W. N. SIMMONS.
C. B. NEWTON.	A. L. HURD.
JAMES STRETCH.	C. H. PENDLETON.

Dr. Gilmack is suffering with aphasia. He has had to give up practice. Every member of our County Society has signed this request that his dues be remitted.

It was voted that Dr. Gilmack be retained in full membership without payment of dues.

DR. ELI B. IVES (Bridgeport): I have a matter of this kind to bring up. At the last meeting of our County Society, it was voted to recommend that the dues of Dr. R. G. Philip of Stamford and Dr. A. E. Barber of Bethel be remitted. Dr. Philip is a woman, and has a hard time in making a living. Dr. Barber has been a member of our County Society since 1873. He is over eighty years old, and has suffered considerable losses. His barns burned down, and his houses burned up, a few months ago, at Bethel; so it was decided to recommend to this Society that his dues be remitted, as well as those of Dr. Philip.

It was voted that Dr. R. G. Philip and Dr. A. E. Barber be retained in full membership without payment of dues.

DR. ELIAS PRATT (Torrington): At the Semi-Annual Meeting of the State Medical Society, held at Ellington, Dr. Brown appointed a committee to look over the Narcotic Drug Act, and offer suggestions to make it more effective. After due consideration, we feel that there is no need of action by the Society. It needs National legislation in addition to the State legislation to make it effective.

THE PRESIDENT: Is there any other miscellaneous business? If not, the Secretary will read some matters that have been referred to his desk.

The Secretary then read the following, which was laid on the table until the next meeting:

DR. M. M. SCARBROUGH, *Secretary*,
Conn. State Medical Society,
New Haven, Conn.

MY DEAR DR. SCARBROUGH: I am enclosing a set of resolutions which I should like presented to the House of Delegates of the Connecticut State Medical Society at the forthcoming meeting. Similar resolutions were recently adopted by the New York State Medical Society. I hardly think that any comment regarding the desirability of such resolutions is necessary.

Yours very truly,

GEORGE BLUMER,
*Member of the Executive Committee of
the "National Committee on Mental
Hygiene."*

WHEREAS, the entry of insane and mentally defective immigrants to this country is a menace to the mental health of the nation, not only in the present, but in succeeding generations; and

WHEREAS, this State bears an unequal part of the burden of caring for insane and mentally defective aliens; and

WHEREAS, the present immigration laws, although providing for the exclusion of such immigrants, do not provide means for their examination by trained experts, nor for effective measures for the return of insane aliens who become inmates of our institutions; and

WHEREAS, these are primarily matters of public health; therefore be it

Resolved, by the Connecticut State Medical Society, that Congress be urged to provide for the mental examination of arriving immigrants by physicians in the United States Public Health Service especially trained in the diagnosis of insanity and mental defects; to provide adequate facilities for the detention and careful mental examination of all immigrants at large ports of entry; to provide for the detail of American medical officers on vessels bringing immigrants to this country in order that their welfare may be safeguarded and those with mental diseases or defects discovered; to provide for the assumption by the Federal Government of an equitable share of the burden of caring for dependent aliens which is now borne entirely by the States and to provide for the safe and humane return to their own homes of those immigrants whom it is not necessary to exclude and of those aliens in our public institutions who desire to return; and be it further

Resolved, that copies of this resolution, duly attested, be sent to the President and the Vice President of the United States, the Secretary

of Labor, the Surgeon General of the United States Public Health Service, the Commissioner General of Immigration, the Chairman of the Senate and of the House Committee on Immigration and to each member of the Connecticut State Delegation in Congress.

Adjourned at 6.45 P. M. to meet again immediately after the presentation of the President's Address to-morrow.

THURSDAY AFTERNOON, MAY 21, 1914.

The third meeting of the House of Delegates was held on Thursday afternoon, at 12.35, at the Chapel of New Haven Hospital, Cedar Street, New Haven. The following were present: Dr. Walter R. Steiner, Dr. Wm. H. Carmalt, Dr. Patrick J. Cassidy, Dr. Samuel M. Garlick, Dr. Seldom B. Overlock, Dr. Elias Pratt, Dr. George N. Lawson (Councilors), and Dr. Chas. D. Alton, Dr. Philip D. Bunce, Dr. E. S. Moulton, Dr. Frank Wheeler, Dr. Edward T. Bradstreet, Dr. E. W. Good-enough (proxy for Dr. F. C. Graves), Dr. R. A. McDonnell, Dr. A. A. Crane, Dr. A. G. Nadler, Dr. F. M. Loomis, Dr. Eli B. Ives, Dr. David B. Wason, Dr. M. V. H. Dunham, Dr. F. W. Stevens, Dr. R. S. Goodwin, Dr. James Stretch (delegates), the President, Dr. D. Chester Brown and the Secretary, Dr. M. McR. Scarbrough.

The next order of business being the election of officers, the Secretary read a list of nominations of officers for the ensuing year prepared by the Council, acting as a nominating committee. (See pages 15 and 16.) Also, printed lists of the nominees were passed to those present.

There were no other nominations except for the office of member of the Committee on Medical Examinations and Medical Education. Except for this office and that of secretary, the Secretary was instructed in each instance to cast the ballot for the nominees. The President was instructed to cast the ballot for the nominee for secretary.

THE PRESIDENT: The nominee for the member of the Committee on Medical Examination and Medical Education is Dr. Fritz C. Hyde of Greenwich. Are there any other nominations?

DR. E. W. GOODENOUGH (Waterbury): I should like to nominate again Dr. Walter L. Barber of Waterbury, who has been a member of that Committee for the last ten years—not because of personal friendship between him and myself, but because it seems to me that this is one of the places where some of the elderly men who have had experience can be continued, as we continue them on the Committee on Public Policy and Legislation. Dr. Barber has been a valuable man on the Committee on Medical Examinations and Medical Education, and has done his work well.

DR. A. A. CRANE (Waterbury): I second the motion.

There were no other nominations.

DR. A. A. CRANE (Waterbury): In seconding the nomination of Dr. Barber, I do not know as the burden is put on those of us who wish to see him retained to defend him and appeal to the House for his retention. I think that the burden is on the Board of Councilors. He was a valuable and popular member of this organization, and I do not think that any representative of New Haven County, in preparing this nomination, considered that he was representing the sentiments of the County in doing so. We all like Dr. Barber, and should like to see him retained unless the nominators can show cause why he should not be retained. The gentleman nominated in his place, I do not suppose anyone knows.

DR. W. R. STEINER (Hartford): I may say, correcting a former speaker, that Dr. Barber has been on the Board for fifteen years, instead of ten. It is no reflection on him to nominate another man. He is a friend of most of us. The idea of the Council was that it would be well to get new life on the different Boards. I was Secretary of the State Society for seven years; and one of my reasons for declining a renomination was that I thought it better for the Society to have a new man in my place.

Regarding Dr. Hyde, I may say that if Dr. Crane had attended the meeting of the State Society regularly for the last few years, he would not say that he did not know anything about Dr. Hyde. For Dr. Hyde read a paper at the Hartford meeting, last year, on "Acute Primary Pyelitis in Children," which made

a great impression; and at the Semi-Annual Meeting in Bridgeport, some four years ago, he had a very good paper on "Chylous Ascites," which also attracted attention. Then he had a paper at a State Society meeting in Hartford, 1911, on "Secondary Parotitis," which showed great care in its preparation and was a credit to him in his presentation of it. He is a well-equipped man; and by reason of his attainments, I think that he would be, if elected, an efficient member of the Examining Committee. This is no reflection on Dr. Barber at all, but it is well to have new life in committees, now and then.

DR. S. M. GARLICK (Bridgeport): It would not be fair, I feel, if I did not speak in favor of Dr. Barber and his work. He has done most excellent work on the Board of Examiners, has proved his competency, has shown his willingness to give the time and the effort; and if it were possible, he has done, year by year, better work than in the previous one.

With reference to Dr. Hyde, I know that Fairfield County would make no criticism on the matter. Dr. Hyde is well appreciated in his county, and would bring, if elected to the place, ability and, I doubt not, efficiency. I can speak from absolute knowledge, of course, and I feel that it is but right to state that I have the completest confidence in and appreciation of the man already on the Board.

DR. W. H. CARMALT (New Haven): I do not know that I can add anything to what Dr. Steiner has said regarding the action of the Council. You appreciate, gentlemen, the fact that the Council is, by the Constitution, made the Nominating Committee. It is not that we want to arrogate to ourselves anything belonging to anyone else, but it is our duty to send in a list of nominations. This matter of a change in the Committee on Medical Examinations and Medical Education was discussed, and it was felt that a change was desirable. Several nominations were made, and Dr. Hyde had the majority—a very considerable majority, and was then made our unanimous choice.

There is no sort of reflection on Dr. Barber intended. He has undoubtedly been faithful to his work; but it seemed necessary and desirable that new blood should be introduced into this

Committee. It has been apparently a self-perpetuating committee for some time, and I think that it is about time that the House of Delegates asserted its privilege of nominating someone else.

The ballot showed that Dr. Hyde had a majority of the votes cast.

THE PRESIDENT: We have some business to take up. Dr. Blumer has a matter to speak of as unfinished business from yesterday's report. We shall be glad to hear from Dr. Blumer now.

DR. GEORGE BLUMER (New Haven): *Mr. President and Gentlemen:* I had the Secretary present before this body yesterday, at the request of the National Committee on Mental Hygiene, of which I am a member of the Executive Committee, some resolutions regarding the entry of alien insane and feeble-minded into this country. I think that you probably all know that, so far as the insane are concerned, the States on the eastern seaboard, especially New York and this State, have a very large proportion of alien insane in their hospitals; and that these are a constant source of expense to the State. A great many of them should never have been admitted to the country, and never would have been if there had been proper examinations made at Ellis Island when they came. There is a law that allows a State to deport such patients, if they become insane within a certain length of time after their entrance into the country; but even that is a matter of considerable expense, for someone has to be sent to Europe with them and it is quite an unc customary proceeding. Then there is another class of cases, more dangerous, in many ways, than the insane, who undoubtedly get into this country in no inconsiderable numbers. I refer to the feeble-minded; because they have more chance to propagate their feeble-mindedness than the insane have to propagate their insanity. Now anyone in the Marine Hospital Service is not competent to detect feeble-mindedness in the same way as experts can do it. That has been shown by actual test. A number of trained experts from Vineland, New Jersey, were sent to Ellis Island for a certain length of time, and were able to pick out, simply from casual observation, a large number

of feeble-minded individuals who were afterwards carefully tested and shown to be feeble-minded; whereas a man with good medical training outside of those lines would have allowed them to pass.

The object of these resolutions is to impress on the Government of the United States the necessity of having especially trained people at the ports of entry, to pass on the mental as well as the physical condition of immigrants. That is the entire object of the resolutions. Thank you, gentlemen.

The secretary read the resolutions referred to by Dr. Blumer. (See page 79.)

It was voted, that the preamble and resolutions be accepted as the opinion of the Society, and that the action which Dr. Blumer requested be carried out; also that the Secretary be authorized to send, as directed, the resolutions with the endorsement of the House of Delegates.

THE PRESIDENT: There is some unfinished business from yesterday. If there is no objection, I will first ask Dr. Carmalt, Chairman of the Council, whether his recommendations have been disposed of entirely.

DR. W. H. CARMALT (New Haven): There is a matter in the report of the Chairman of the Council that has not been referred to more than in name. It has to do with the State Tuberculosis Commission. I called attention to the fact that there was no place on the program for a report from the State Tuberculosis Commission. I also said that, "We realize that the State Tuberculosis Sanatoria are in every way doing more and better work than ever before, and are fully entitled to the support and confidence of the physicians in the State of Connecticut; and we have no hesitation in expressing our belief in the efficiency and honesty of their management." The Tuberculosis Commission has been made the object of pretty severe attacks. I should like to have this body endorse the State Sanatoria and the action of the State Tuberculosis Commission. I move, Sir, that they have the confidence of the physicians of Connecticut, as represented by the House of Delegates, and that this resolution be sent to the Chairman of the Commission.

It was voted to adopt the resolution presented.

On motion of Dr. A. A. Crane it was voted that the Committees on Sanatorium for the Nervous Poor, State Farm for Inebriates, Medical Inspection of Schools, National Legislation, and Public Health Education be continued another year.

On motion of Dr. Chas. D. Alton it was voted that the next Annual Meeting be held at Hartford.

DR. P. J. CASSIDY (Norwich): According to rotation, the Semi-Annual Meeting of the State Society was to be in New London, with the New London County Medical Association, this fall. However, through an oversight on the part of the County Association, we took no action on inviting the State Association to meet with us. I am not authorized officially to invite you; but unofficially, I know that we shall be glad to have you with us.

It was voted that the invitation be accepted.

THE PRESIDENT: We are under Miscellaneous Business, if there is no other Unfinished Business. We should include all the reports.

DR. ELIAS PRATT (Torrington): Is this the proper time to take up any recommendation about the President's Address?

THE PRESIDENT: I think so.

It was then voted that the President appoint a committee, of such size as he thinks best, to act on the recommendation in his address with reference to the hospitals.

DR. P. J. CASSIDY (Norwich): I wish to introduce this resolution:

"WHEREAS, the Council on Medical Education of the American Medical Association has compiled and published, under the title of 'A Hand Book of Useful Drugs,' a list of the more important drugs and their preparations; and

"WHEREAS, the National Confederation of State Medical Examining and Licensing Boards has endorsed this compiled list:

"THEREFORE, BE IT RESOLVED, that this House of Delegates recommend that the Connecticut Medical Examining and Licensing Board, for this Association, limit the examination in Materia

Medica and Therapeutics to questions concerning the drugs and preparations included in this list."

It was voted to adopt the resolutions presented by Dr. Cassidy.

DR. S. M. GARLICK: There has been presented to me a paper emanating from Fairfield County, written by Dr. E. A. McLellan, Health Officer of Bridgeport, Conn., requesting that it be read. I await your pleasure.

THE PRESIDENT: Do you wish to hear this, gentlemen?

It was voted that Dr. Garlick be invited to present this paper.

DR. S. M. GARLICK (Bridgeport):

"As a State, we need a revision of our Health Law. Health Department work should not alone be remedial, but should be preventive as well. In this, it would be but carrying out the thought and spirit of the age. Present State laws give power to health officers to order abatement of nuisances that are a menace to health, but do not give power to anticipate a nuisance or prescribe methods for its removal. If a residential street has cesspools, and these frequently overflow, the health officer may order this nuisance abated, but may not order a sewer that would properly—and thus permanently—abate the nuisance. Health departments of cities have, in some instances, assumed this authority; but I think that the time has arrived when the powers and duties of the Health Department of the State should be increased and more clearly defined.

"As some of the matters which are being carried on under the supervision of health departments in other States, and which seem to be the function of such departments, I would mention the following:—The issuance of burial permits and the care of vital statistics; examination of residences, and their proper supervision; the physical examination of teachers and janitors of the schools; the physical examination of all school children; the examination of children's day nurseries, and pure milk stations; the raising of the age limit; the issuing of work papers to school children; the teaching of domestic science and hygiene in the school; changing the law and adding to it.

"It seems eminently proper that action along the lines suggested should emanate from this State body of physicians. I

would, therefore, offer, for your action at the present time, the following resolution: That a Committee of from three to five members be appointed by the President of this Society, to consider needed legislation along these lines, and be prepared to present the same at the next session of the Legislature."

I would move you that this paper be referred to the proper committee.

It was voted that the paper be referred to the Reference Committee on Public Policy and Legislation.

DR. ELIAS PRATT (Torrington): I move that the dues be three dollars for the ensuing year. The amount ought to be four dollars; but, in view of the condition of the treasury, we find we can get along this year with three dollars dues. It is only fair to state, however, the dues will need to be four dollars.

Dr. Pratt's motion was adopted.

DR. P. J. CASSIDY (Norwich): At this time, it would be well to bring up the question of remitting the dues of Dr. N. P. Smith of Norwich, New London County. He has been long in the service, and is not in good health physically; and at the last meeting of the New London County Medical Society a vote was passed instructing the delegates to request this.

It was voted that the dues of Dr. N. P. Smith be remitted.

DR. W. R. STEINER (Hartford): On the 12th of June, the Litchfield County Medical Association will celebrate its One Hundred and Fiftieth Anniversary. At that time, there will be addresses made by Dr. J. C. Kendall of Norfolk, Dr. William H. Welch of Baltimore and Dr. F. S. Dennis of New York. The Litchfield County Association will be taxed to the utmost, so far as finances are concerned, in preparing to celebrate this anniversary. I think that it is very important to have the historical papers for our Transactions; and, consequently, I move that the State Secretary be authorized to procure a stenographer, so that these addresses, some of which will be extemporaneous, may be reported and printed in our Transactions for 1914.

The motion was seconded and carried.

THE PRESIDENT: Is there anything else to come before the House of Delegates? The Secretary has something to read.

THE SECRETARY read the invitation to the Litchfield County Society's celebration, which was as follows:

To the Connecticut State Medical Society:

The Litchfield Medical Association will celebrate its Sesquicentennial on June 12th, 1914, at the Country Club in Norfolk, beginning at 10.30 A. M.

After the Meeting Dr. F. S. Dennis will receive the members and guests at his summer home.

Litchfield County invites all members of the State Society to be present on this occasion.

ROBERT HAZEN, Secy.

It was voted to accept the invitation of the Litchfield County Medical Association.

DR. WM. H. CARMALT (New Haven): In my last report last year, I mentioned the difficulty that the various secretaries had in knowing what physicians were actually residing in their counties. Men are constantly moving from one county to another, and often do not bring any certificate from the county society of their former county. If I remember correctly, the suggestion was made in my report that a physician moving from one county to another be required to file a notice with the town clerk. I move that this matter be referred to the Committee on Public Policy and Legislation.

DR. ELIAS PRATT (Torrington): I suggest that the wording of this recommendation be changed so as to make it read, "from one town to another" rather than, "from one county to another." There should be an official list, in the office of the town clerk, of physicians practising in that town.

The amendment was accepted and incorporated in the motion.

DR. S. M. GARLICK (Bridgeport): The law provides for the registration of the physician, after receiving his license, in the town in which he is to practise, or in the one next and nearest convenient. The proposition would involve entering upon the process of changing the medical law of this State. If we wish to require that for our own convenience, we have a perfect right, I assume, to insist that our members shall register in the counties where they are practising; but the law makes no specifi-

cation that he shall not practice elsewhere without re-registering, but it does specify, if my memory is right, that after he has registered once with the town clerk, no change of residence shall interfere with his practice in any part of the State. He may register in the State and practice in Connecticut, even if he lives in New York. He must register in the town nearest and most convenient to his locality. I really see nothing gained by the suggestion, except to stir up the law again.

With regard to the question of referring the matter to this Committee, I should like to suggest that we add to the motion: "An inquiry to be made by the Committee as to whether the book that the law specifically requires to be kept, is kept in each town clerk's office." I have an idea, from some inquiries, personal and otherwise, that the town clerks do not know anything about it; but the law requires that they shall keep a book for that purpose, containing the names of physicians licensed and registered in the town. I will make that as an amendment to Dr. Carmalt's motion.

DR. W. H. CARMALT (New Haven): I accept the amendment.

THE PRESIDENT: The amended motion is as follows: "That the matter contained in the report of the Councilor for New Haven County last year, relating to the registration of physicians practicing medicine of any kind, and providing that when moving from one town to another, they shall register with the town clerk of the town into which they move, be referred to the Committee on Public Policy and Legislation; and that an inquiry be made by the Committee as to whether the book that the law specifically requires to be kept is kept by each town clerk."

The motion was carried.

Adjourned *sine die* at 1.50 P. M.

The Banquet.

The annual banquet was held at Memorial Hall, Yale University, on Thursday, May 21, 1914, at 8.30 P. M. About one hundred and twenty-five members were present. Dr. Charles J. Bartlett acted as toastmaster. The following were the speakers:

DR. D. CHESTER BROWN
DR. OLIVER C. SMITH
REV. ANSON PHELPS STOKES
JUDGE JOHN L. GILSON
REV. WILLIAM J. MCGURK
DR. EDWARD T. BRADSTREET

PRESIDENT'S ADDRESS.

President's Address.

Problems for the Mutual Consideration of the Connecticut
State Medical Society and Connecticut Hospitals.

D. CHESTER BROWN, M.D., DANBURY.

A year ago, in accepting the election to the Presidency of this Society, I stated that it was in my mind to take up the subject of the abuse of the philanthropy of the Hospital. With this in mind I have spoken to the members of the County Societies asking for coöperation of the individuals and requesting them to give me any information they might have regarding the matter. I have had one letter in response. I have visited a number of Hospitals and talked with their Superintendents and have asked them for data that might indicate where the Hospitals were abused but have been unable to elicit the opinion that they were abused. Thus, being unable to collect material that would be representative of general conditions in the State, I have abandoned the idea of specializing the abuses of the hospital and will ask you to consider with me a Study of the Connecticut Hospitals.

The Commonwealth of Connecticut has a number of features that are rather peculiar to it. It is a comparatively small State. It has a population of nearly twelve hundred thousand with no large dominating center of population, so that our interests are all common. Distributed through the State are more than twenty hospitals, some larger, some smaller; some stronger, some weaker. Each tries to minister to the same needs of humanity in its own way, independently and without coöperation, with no apparent common ground on which all the hospitals and all of our profession can meet for mutual benefit and assistance. The study of the hospital problem does not lead to the conclusion that we have no abuses but that we are not so organized as

to abate them. And beyond that; if there is value in coöperation we are not accomplishing all that we might.

The Connecticut Hospital System appears particularly suited to us. It allows of State aid and yet is democratic in that it seeks small subscriptions from the many. It welcomes large endowments, yet does not pauperize, as it expects all recipients to pay what portion they can of the cost of their treatment. It extends the benefits of its existence to the wealthy as well as to the poor. The evolution of the hospital seems to have culminated in our system. The history of this evolution is interesting. The hospital idea is a very old one, dating far back of the Christian era, it is thought, in Egypt, associated with the Temples of Saturn. The first impulse then would be through the religions and their priestcraft. The next step I would call your attention to is the *large endowment* made by a Roman lady, Fabiola, of whom it is stated "the charity planted by that woman's hand overspread the world." The next strong influence was the philanthropy and altruism of Christianity leading the churches and religious orders to found hospitals throughout Europe during the early and middle ages, and with these was developed the idea of preserving the individual's feeling of obligation and gratitude, either in charging a fixed rate or by his making a voluntary contribution on leaving. During the middle ages criticism is made of the management of many of the larger institutions which led to their being taken over by the State or Municipalities. This transference is recorded for the Hotel Dieu at Paris in 1505 A. D. Finally, we have our own system based on the combination of the Church or religious orders, the State or Municipalities; the large donor, and lastly, the small contributor and the recipient. A true democratic system.

Large Donations toward building or endowment fund, or for endowment of free beds in proper proportion, are greatly to be desired. The initial cost of the plant is never included in the estimate of the running expense of a hospital nor are interest charges on this cost included. Very few charge off something for depreciation. Every case receiving hospital treatment, private or ward, pays nothing for the benefits of this foundation

fund and is debtor to the institution to that amount. Every hospital is a benefaction to *all* who come within the sphere of its influence, though they may never see the inside of its walls. They are attended by a nurse or surgeon who owe their standards to the hospital or they are protected by the physician who teaches widely the principles of prophylaxis by his treatment of patients in the institution.

After the construction cost is taken care of, large donations for a good-sized endowment fund give the hospital a much better opportunity to manage its affairs on a good business basis and carry it over times of stress. It was stated to me by one Superintendent that there was such a thing as having too many free beds. After a few had been endowed and it was thoroughly understood that the idea of these beds was to meet certain specified needs, it was better to go to the public for additions to an endowment fund that was not tied up to a specific use.

Small Contributions by the many, toward meeting the deficit of running expenses, teaches the public that every ward case is receiving something more than that for which it pays in ward rates. It converts the possible recipient of the future into the benefactor of to-day and continues the interest in the institution of one who has in the past been an inmate. It is no small factor in community life to have a well thought of and well understood hospital, stimulating philanthropy and altruism in a class that is difficult to impress with such influences and to which all the hospital reports printed never reach. It is stated by those who have had experience in the method of raising money to cover deficits or for special work that the well organized and properly conducted whirlwind campaign is like the day of Pentecost,—you hear in tongues that before you did not understand and you speak to the heart of a neighbor to whom you were before a stranger. The good is not all to the small giver in these campaigns. I have seen the sentiment of an entire community change toward a man who was always a large giver financially, but in *this* gave his whole heart to the *work*. That was something they understood, especially while he was working with them and for them. Another feature of systematized, enthusi-

astic canvassing is that it can be made to reach an area outside the town in which the hospital happens to be and gives these surrounding towns a chance to give and become interested. To illustrate the advantage of getting closer to these towns, let me cite an incident.

A Committee on "Allied Towns" went into a town in one of these campaigns and was received like pickpockets. A sentiment had been created against that hospital because there was a charge made for an operating room fee. There was just criticism of lack of some facilities and there was criticism because the Staff on duty did not attend private room cases free although as individuals they were perfectly willing to attend worthy cases without charge. That community felt that it had contributed generously toward that hospital. I will not vouch for the accuracy of these figures but they are as I recall them from the narrator. According to the books of the hospital it had cost \$1,300 to take care of the patients from that town and \$400 had been paid in. Three sessions of the organizing committee and representatives of the town were needed to relieve the animus that had arisen. Their position of opposition was making them small in their resentment and the hospital influence that presented a broader view and impressed them with their responsibility was certainly not one of the least of its good offices.

There are those who go to a hospital who are abundantly able to pay cost rates and yet elect to go into public wards, and receive treatment free and pay less than it costs the hospital to care for them. If this comes from ignorance, it should be enlightened; if it comes from willful attempt to defraud the hospital, it should be stopped. I am convinced that there is not a hospital in Connecticut that has an adequate system of investigating all these cases. One Superintendent said to me that it was entirely within the discretion of the patient to elect whether he should take ward service or private service. Another showed the workings of a most excellent "Social Service" organization that took up the matter for local cases but they had no means of protection for outside cases. Every Board of Directors of a hospital is an administrator of trust funds. When a case goes

into an open ward at \$7.00 while it costs the hospital \$10 to \$15 to take care of it and can afford to pay the cost rate, it *defrauds* the hospital of the difference between what is *paid* and the *cost*. Any hospital that allows of this defrauding by loose methods allows a *misapplication of trust funds*. If the statements made by several superintendents are correct this matter comes very close to our profession. The statement is this: We have to watch the Doctor who refers the cases or he will slip them into the ward when they should be private cases. One superintendent said that we have cases come in that are referred by the Doctor for \$10 service and when they come in they take a \$20 or \$25 room. This lays the hospital staff open to the unpleasant criticism of treating, by virtue of their position, for nothing cases that are able and would pay outside men for the same treatment.

Why should large corporations, when responsible for the expense of the care of a case, escape the expense, and the burden be placed on the hospital?

What should be the attitude of our hospitals toward cases referred to them under the "Workmen's Compensation Act?"

Do our hospitals need more private wards and private rooms to meet the present day demands? Could this be met by a scale of prices in the present wards?

Are we using our hospitals to their fullest advantage for the medical men who are not on their staffs? These men really give up something. The Councilor from New Haven has stated that "Every hospital should be an educational institution, not only to the men who practice therein, but also to the men who have not the hospital privilege." I think that it was the Councilor from Fairfield who advocated hospital clinics. In Middlesex hospital they have them. I asked a general practitioner how sending his cases to a hospital affected him, and he said that at present he had five surgical cases under hospital treatment. Formerly these cases would have been operated on by the surgeon at home and then he would take care of them. He felt perfectly competent to do this, as it was his practice to, when more operating was done at home. These cases were perfectly able to pay and so it made a good deal of difference with his income. I asked

him if he thought he received any benefit when he went into the hospital with his cases. "Yes," he said, "very much. I scarcely ever go in there and hear the talk going on but I find something is brought up with which I am unfamiliar and I go home and look it up." The hospitals say that it entails too much clerical work to report that man's cases to him. These men are not organized so they can be heard. They have something to say and it may be worth listening to. The hospitals should do more for them than is being done. If all referring physicians had admission blanks for their patients considerable could be said on them for their guidance, and with other things it could be stated that if a case history were sent in with the patient, a report of the case would be sent him *by* the patient when discharged. Then he might at least get his patient back. There is no license in medical ethics that allows of a hospital physician privateering. The referring physician has a right to expect that a patient will be returned to him. Such courtesy will bring him much closer and timely aid to the patient much earlier in the case.

A uniform system of accounting for all hospitals receiving State aid will be required in order that the per capita cost per day may be estimated on the same basis for all of the institutions if we come to the plan of reimbursing hospitals for the actual cost of all cases that are referred under the Workmen's Compensation Act and by large corporations. There is a definite sentiment in this direction as expressed by those in a position to influence action and it will mean a great deal to our profession if such action is taken. The desire has been expressed by one of the Commissioners under the Workmen's Compensation Act that a conference could be had of representatives of the State Society and the hospitals.

There should be in every hospital facilities for caring for infectious diseases. Cases originate in the hospital either among the patients or the nurses and have to be isolated. They are brought in apparently for other disorders and develop an infectious disease. We have to have some facilities for taking care of these any way. Next to emergency work there is no class of cases that relieves a community more, to say nothing of lessen-

ing the dangers of spreading infection, than taking these cases out of home treatment and releasing the unrecompensed wage earners from quarantine. Some few of our larger centers have been educated up to this plane and are supplying facilities to meet the conditions. Most of the hospitals state distinctly that so-called contagious diseases are not admitted and give the public the impression that they must shift for themselves if so unfortunate as to suffer from any of these conditions.

The aged, infirm and incurables present a problem that every hospital has to meet to a greater or less extent, for almost every community throughout the State has cases of this class that there seems to be no suitable place for. Pressure is brought to bear on the hospitals by friends or churches to get them to take such cases. The smaller hospitals have the most insistent demands made upon them for these cases and have a constant quota of them in their wards most of the time, to such an extent that it makes the difference of an institution being adequate to regular demands upon it or necessitates more room. It is obvious that it is not right that these cases should be placed in an institution that is equipped for other work at great expense when a simpler equipment would meet the demands for such cases. Alms-houses as at present equipped are not the proper solution. These cases need less than one and more than the other.

Gentlemen: I have brought before you only a few of the problems that are of mutual interest to all of our profession and to all of the hospitals of Connecticut. There is at present in our State no organized body, representing all the interests involved, by which such questions can be considered or policies decided. I would recommend for your consideration the appointment of a committee to invite the superintendents of all of the hospitals of the State to meet with them to consider the matters indicated and any other questions that might be deemed appropriate for their consideration. Such a committee should represent members of our Society who are not members of any hospital staff as well as those who are so associated with hospitals. The councilors from each of our County Societies, together with the Committee on Public Policy and Legislation, would appear to be

an ideal representative committee. No one man; no single society; no hospital alone can carry sufficient prestige or take a sufficiently comprehensive view to solve problems that involve so many diverse interests. Now is the time when our profession can show its willingness to come closer to the management of our Connecticut hospitals, to keep them pure democratic institutions, "of the people, by the people and for the people."

SCIENTIFIC EXERCISES.

Wednesday, May 20, 1914, 11 A. M., at New Haven
Hospital, Cedar Street.

Demonstrations and Clinics in Special Subjects.

DEMONSTRATION OF THE SLUDER-BECK TECHNIQUE OF
TONSILLECTOMY.

Frederick N. Sperry, M.D.

Before demonstrating the Beck modification of the Sluder operation for the removal of tonsils, I wish to make a few remarks. The dissection of tonsils is being practiced more or less widely by general practitioners as well as by specialists. Injury to the pillars of the fauces or failure to remove all of the tonsil are unfortunately not at all rare and in inexperienced hands even common.

The method of Beck can remove 85 per cent of all tonsils and is certainly free from many of the dangers of the dissection operation. The dissection operation must still be used for tonsils that cannot be Sluderized. The Beck method differs from the Sluder in that the ring of the instrument which encircles the tonsils pulls the tonsil upward and forward so that the anterior pillar of the fauces and the soft palate bulge from the pressure of the tonsil.

The finger pressed upon this bulge causes the tonsil to protrude through the ring of the instrument. The snare is then released and the tonsil removed. Sludes makes use of the inferior maxilla, against which the tonsil is pressed and thus forced through the ring of his instrument.

The main advantage is the freedom from injury of the structures we wish to leave in the throat. The lesser advantages are its simplicity and rapidity. Safety, simplicity and rapidity are quite sufficient to recommend this particular technique.

DEMONSTRATION OF THE APPARATUS AND METHOD
OF SUSPENSION LARYNGOSCOPY.

Henry L. Swain, M.D.

The apparatus itself consists of two main parts, the adjustable bracket, attached firmly to the operating table, and the combination, elongated tongue depressor and mouth gag, combined in one piece with a long hook-shaped attachment which hangs down from the "gallows" and suspends its patient's head free from other support over the end of the operating table. Necessarily all these parts must be capable of a nice adjustment, readily carried out, and it will be seen that the "gallows" can be swung out at any desired distance from its head of the table and can be raised and lowered to any reasonable extent. The suspension hook consists of a tongue depressor made in three lengths which, it is intended, shall be long enough to reach well down onto the back of the tongue into the fossa glosso-epiglottida. In it is a groove or channel into which a narrow blade runs, which latter is intended, after the main blade is in place, to push back of the epiglottis and thus expose the interior of the larynx. These movable portions are attached to the mouth gag, which holds the mouth open during the operation.

Whereas this apparatus can be used under local anæsthesia, its best office is when used as you now see it, upon an anesthetized subject. The perfect demonstration which I now am able to make is largely due to the very successful administration of the ether by the insufflation of heated ether vapor, and the present perfect development of this particular apparatus is largely due to the efforts of Professor Flint, who will have more to say about it during to-morrow morning's session. It is the only method by which for this half hour you could all have filed by and had a glimpse of the interior of this larynx.

If you glance over my right shoulder you will be able to see straight down into the larynx and into the trachea. There is in this patient a small papilloma, or rather the base of one, which we removed on Saturday last as thoroughly as possible, but it

would not be feasible to demonstrate it to all of you as it is very far forward in the anterior commissure. When its demonstration is on I shall cauterize its base to prevent return if possible. Those of you who have seen laryngoscopy or bronchoscopy by the usual method will see that when the use of this apparatus is feasible, the operator, instead of having to hold the larynx-tube or spatula with one hand and work only with the other, now has both hands free and can work a half hour without the fatigue usually incumbent to such work. Also, the accuracy of the work will, when once the method is mastered, be much greater.

Although this apparatus was originally intended just for work in the larynx and lower pharynx, I have always had faith that it could be successfully used for much more, and that faith I have verified by removing a flat porcelain button fifteen sixteenths of an inch in diameter from the œsophagus of a two and one-half-year-old child on the very first case I ever used it. Since then other œsophagus and bronchial cases seem to prove that the suspension apparatus is a decided advance in its work of direct laryngoscopy, bronchoscopy, and œsophagoscopy and certainly help in the topical treatment of the bronchial tubes as is now being done for asthmatics and allied conditions or for the use of radium in tumors of the larynx and pharynx, where prolonged exposure is necessary.

DEMONSTRATION OF SKIN DISEASES.

R. A. McDonnell, M.D.

This little girl has lupus vulgaris of the face, which began some six years ago. The characteristic lesion is a small translucent nodule, examples of which may be discerned in the scar tissue. These nodules, which contain tubercle bacilli, soften and ulcerate, always pushing out into sound skin, until considerable areas are involved. As the disease advances, the older places heal, leaving a scar which has a decided tendency to contract and pull on neighboring structures, causing, as in this case,

ectropion, and other deformities. Many years usually elapse before an extensive case is cured. The aim of treatment is to destroy the tubercle bacilli. If the patch is small, excision is good treatment. Thorough curettage, followed by cauterization with lactic or pyrogallic acid, and by X-ray exposures, will cure, in time. Sometimes, carcinoma develops in the scar tissue, and death ensues from that complication, as in a case which we have recently treated.

This little Italian boy has a condition which is rapidly disappearing in this country, though it used to be frequently encountered in the clinic. Favus is due to a fungus, resembling the ringworm fungus, but more rebellious to treatment. In this case, the scalp is smooth and shiny in some places, due to scar formation, while sparse hair growth is found in other parts, and around the hairs are found the little yellow cup-shaped scales which are characteristic of the disease. The color may be brought out more prominently by a drop of chloroform. Brothers and sisters of this boy have the same trouble, which has persisted for years. Ringworm, in distinction to favus, is with us all the time, and at one clinic, recently, we had ninety-four cases. The prognosis for a cure of favus is good, but very thorough and persistent treatment is required. The hairs over affected areas should be pulled out, and fungicides, like B naphthol, red sulphide of mercury, carbolic acid and sulphur, well rubbed in. Brilliant results have been secured by intensive treatment with the X-ray, in sufficient dosage to produce a temporary loss of hair.

The next patient has a highly typical circinate tubercular syphiloderma of the forehead, and another of the arm. There can be no question about the diagnosis. The interesting feature of the case is the fact that she is nursing this robust, healthy-looking baby, which certainly does not look like the classical picture of an hereditary syphilitic. Undoubtedly, however, the baby will show a positive Wassermann, though the blood test has not yet been made. It was formerly believed that inherited syphilis was bound to show within the first few months of life, but recent observers have shown that recognizable signs of the disease may not appear for many years.

The last case which I shall show you is this woman, who has a keratotic eczema of the palms and soles. The horny thickening results in the formation of deep fissures, which are very sensitive, and seriously interfere with walking, and the use of the hands. A somewhat similar condition is sometimes seen in syphilis, and in psoriasis. This kind of eczema is almost incurable; for after removing the horny accumulations with salicylic plaster, and exposing the denuded skin to X-ray treatment until it looks almost normal, we will almost certainly be disappointed by a recurrence of the condition after a variable time.

NEWER METHODS OF DIAGNOSIS AND TREATMENT OF GLAUCOMA.

Arthur N. Alling, M.D.

Glaucoma is a term practically synonymous with high intra-ocular pressure; although not absolutely so, because it is possible for a man to have glaucoma and yet, at times, not to show tension—as in the case of glaucoma simplex.

The normal pressure is kept up by a certain amount of secretion from the ciliary body and a definite amount of drainage; so that we have a constant pressure in normal cases. If there should be hyper-secretion with normal drainage, we would soon get high pressure, because we are pumping in more than we are letting out. If, on the other hand, there is interference with drainage with the same amount of secretion, we would also get high pressure.

Glaucoma undoubtedly results from interference with the drainage apparatus. The intra-ocular pressure normally is between twenty and thirty millimeters of mercury. If it rises above that, we have, generally speaking, a glaucomatous state.

In regard to the *diagnosis* of intra-ocular tension, we formerly had but one method. We would put our fingers on the patient's eyeball, and measure its hardness. There have been instruments devised with the idea of testing the pressure more scientifically; but all these, until very recently, have proved unsatisfactory. However, the Schiötz Tonometer, which I will show you, is an instrument which accurately records intra-ocular pressure.

I will show you the method of using this tonometer. There is a concave disc below. It has a curvature of about 7.7 mm.—that of the average cornea; so that if put on the cornea, it fits very well. There is a little rod running down through the center of it; and that in turn, by means of a lever, is arranged to move this little pointer. If the eye were absolutely hard, the rod would go up, when you pressed, until it coincided with the curve of the disc and recorded zero. If the eye is not so hard, it, with the weight above, will make a certain impression on the cornea; and the amount of pressure will be registered on the scale. I will demonstrate upon this patient's eyes. The reading for the right eye is 10. If we take the chart, we find that 10 here denotes 20 mm. of mercury, which is slightly below normal.

Now we will try the other eye. It reads 12, which is normal. I shall speak of the history of this case later.

We now come to the *treatment* of glaucoma.

When this disease once attacks an eye, it is never recovered from. The patient may retain his vision through life but, nevertheless, the eye is never right. Until recently, our methods of attacking glaucoma have been, first, palliative, by means of pilocarpin and eserine, which will sometimes do fairly well; and, secondly, making an iridectomy, which is the old Graefe discovery and has been done for many years. Lately there have been other operations done; for instance, the LaGrange operation, which consists in making an opening in the sclera with a knife, and cutting off one side of the wound, leaving a filtering scar. This is the operation which was done until very recently, as an improvement on iridectomy.

Other means have since been devised. Three or four years ago, Colonel Eliot, in India, used a trephine for making a hole in the sclera and securing a permanent opening. Eyes had been trephined before but Colonel Eliot was the first to demonstrate the practical value of the procedure.

I will illustrate the Eliot method of doing the operation upon an enucleated human eye. The conjunctiva is dissected away

from the sclera above, down to the cornea, and the cornea partly split. We then take the trephine and bore a 2 mm. hole through into the anterior chamber. The conjunctival flap is spread out, and you see the hole. When that has been done, you replace the conjunctival flap, with a suture, if you choose. This leaves a filtering opening covered by conjunctiva to give permanent drainage. On this patient's right eye I have performed the Eliot treatment; so you may see a case in which this procedure has been tried. Before the operation the tension was 90 mm. but you have just seen that it is now below normal. In the left eye, we had a cataract, besides the glaucomatous symptoms, and I made a preliminary iridectomy, so that he might be operated on for cataract later.

One more word with regard to the operation:—Of course, we are all enthusiastic over the Eliot operation; but, perhaps the last word has not yet been said about the treatment of glaucoma. Within a year, we may have something better. Bear in mind that with this procedure, the glaucoma is not cured. You still have the diseased condition which you had in the first place; although artificially you are getting a certain amount of drainage, and the disease may be arrested.

DIAGNOSTIC METHODS IN GASTRO-INTESTINAL DISEASES.

Louis M. Gompertz, M.D.

Ladies and Gentlemen: The first case, this patient, first consulted me in August, 1909. At that time the clinical history, physical examination, and laboratory tests led to a diagnosis of gastric ulcer. He was placed under dietetic and medicinal treatment, from which he derived much benefit. After having been under observation for several months, I did not see him again until May 11 of this year, when he came back with an aggravation of the symptoms previously noted, accompanied by marked loss of weight. A test supper was given him and an examination of his stomach contents made. This supper consisted of a meat sandwich, a small bowl of rice, and a few

raisins. I prefer this test supper because meat fibres, starch granules and plant cells are easily recognized under the microscope.

The following morning the stomach tube was passed on a fasting stomach, and the material obtained was used for a microscopical examination, which showed the presence of sarcinæ and food remnants. A diagnosis of benign obstruction of the pylorus due to the cicatrix of an ulcer is evident. I will now show you an X-ray picture of the normal stomach, and also the X-ray picture of this patient's stomach. In the latter picture you will notice the abrupt ending of the bismuth meal at the pylorus, which indicates an obstruction.

(Since the above demonstration was made, the patient has been successfully operated upon by Dr. Wm. F. Verdi, and the diagnosis confirmed.)

It may seem presumptuous for me to tell you how to pass a stomach tube, but owing to a former lack of experience, I have often had difficulty in what is really a simple procedure. The patient is seated on an ordinary chair and with the physician standing behind, in which position he is better able to control the patient, the tube is passed to the epiglottis. At the same time the patient is told to swallow and the tube glides into the œsophagus, as we see in this case. The contents just obtained is enough for a microscopical examination, and is that of a fasting stomach, as this patient has had nothing to eat for twelve hours.

DR. A. CRANE (Waterbury): How long after the bismuth meal was the X-ray picture taken?

DR. GOMPERTZ: Within a very few minutes afterwards.

The next patient has been seen at odd times since 1908, complaining of vomiting when any excitement occurred. Mucus and food are vomited almost immediately after being taken. Suspecting obstruction, an attempt to pass a bougie into her stomach was made. Resistance was encountered just above the cardia—about 42 cm. from the incisor teeth. After an absence of two years she returned with symptoms of obstruction caused by cardiospasm—as result of excitement and worry.

For a number of days she was unable to take any solid food, at times, however, water was retained. Bougies were passed and the spasm was clearly apparent at the entrance to the stomach. Talking to the patient so as to distract her attention, there was a relaxation of the spasm, and the bougie entered the stomach. Using Congo red as a test, the reaction of hydrochloric acid was obtained, so that there was no mistake as to the bougie passing into the stomach. The treatment at that time was dilating with bougies, giving tincture of belladonna and the bromides. She has had these spells so often that there is compensatory dilatation of the œsophagus. It is well to note this fact, because in the next case which will be presented, the obstruction at the cardia being malignant is of such short duration, that no dilatation of the œsophagus exists.

Dr. Bergman of New Haven was fortunate enough to get an X-ray picture of this case, just as the spasm was drawing to a close. The curved shape of the œsophagus with its dilatation is very beautifully shown. I have not tested her for several weeks, so I am unable to say whether or not there is any spasm present. I will now pass a bougie. It is a rather large bougie (36 mm.), and as you see goes down nicely and without trouble. The treatment now resolves itself to taking care of the nervous symptoms.

The next patient is the one whose œsophagus is shown in this picture. This case shows very nicely the transition of a non-malignant growth into a malignant growth. I first saw the patient on June 20, 1907, when he came with symptoms of ulcer, which I supposed to be on one of the curvatures of the stomach; but instead, it was evidently on the cardiac end of the stomach. I advised operation, which was refused. I treated him off and on for a year, and he improved and began to gain in weight. I did not see him for a long time after that. He returned in 1908 with a different history. His appetite was good, but he could not get food down, and severe constipation existed.

Suspecting that the condition had become malignant, I passed a bougie and met an obstruction right at the cardia. At times this obstruction lets up a little, so that food can go down through

it. It is evidently a positively malignant case, and he still has the obstruction. Sometimes in these cases, we almost think that we have made a mistake in the diagnosis, because patients begin to improve and take food. This is probably due to the fact that ulceration takes place, making an opening at the cardiac end, so that the patients are able to take food for a time.

I doubt whether I can get into the stomach of this man now. I have been able to do so just once. That is as far as I can go. I cannot possibly pass the bougie any further. (To the patient) Have you eaten anything?

PATIENT: I cannot get water down, but can get some milk down.

DR. GOMPERTZ: Of course this case will go from bad to worse, and without any possibility of help at all.

There is one case that I want to relate to you. The patient is not here, but these pictures are so beautiful that I want to show them to you. This was from the case of a young woman whom I saw eight years ago for the first time. The clinical history, chemical examination, etc., showed the case to be pure ulcer. She was treated for a month, after which time I advised operation. After that, I did not see her again until a year ago, when she returned, ready for an operation. In passing the stomach tube, I found hydrochloric acid, sarcinæ and food remnants from the night before; and I made a diagnosis of obstruction of the pylorus, which was wrong; the reason for the mistake being, that when I passed the stomach tube, instead of getting to the pylorus, I got to the obstruction in the center of the stomach. Just before the operation, I had an X-ray taken, not suspecting the presence of an hour-glass stomach. This photograph has not been retouched, and I have never seen a prettier hour-glass stomach than it shows. Dr. Verdi operated and made an end to end anastomosis; and at the end of two months after the operation, this picture showed the stomach to be smaller, but normal in position.

I have seen the girl within two weeks; and she is well, and eating three square meals a day, and is getting very fat.

Another case of a woman who had stomach symptoms and it was perfectly evident she had a gastropotosis. The stomach was way down in the pelvis. You could feel it by percussing the abdomen. In passing the tube, I got into a pocket, and thought she had an hour-glass stomach. The next time I passed the bougie, I got into the stomach. I advised operation. Dr. Verdi also operated on this case. Multiple ulcers were found and the stomach brought into proper position by end to end anastomosis. That was three months ago. With the aid of the X-ray and of microscopical and chemical examinations, we can often arrive at a positive diagnosis; but, on the other hand, this is often impossible. We should try all the different methods known, in order to try to arrive at the correct diagnosis.

There are two microscopes here, one showing a picture of non-malignant obstruction, and the other a picture of malignant obstruction.

PRESENTATION OF CASES OF BONE-GRAFTING FOR VARIOUS CONDITIONS, IN DIFFERENT LOCALITIES.

E. H. Arnold, M.D.

The subject of bone-grafting is receiving considerable attention these days and I shall take the liberty to present to you some of the cases in which I have used this procedure.

I have grafted twice for the relief of the adduction deformity in paralytic club foot, inserting a wedge of bone into the tarsus. The cases are not here. The results have been fairly satisfactory.

Twice have I inserted pieces of bone into the tubercular tarsus. The cases are not here and are recent. It is too early to say what the outcome may be. A slight improvement seems to have followed the operation so far.

The next situation in which I have made use of the bone graft has been the tibia. This is the child on whom I operated. As the X-ray shows, she had lost about two-thirds of the substance of the tibia between the two epiphyses in consequence

of osteomyelitis. The family were adverse to surgical treatment. A brace was devised but did not hold the leg in such a position as to enable the child to walk comfortably. Under the pressure of the attempted walking the fibula had bent out considerably. As the child became more bow-legged and older the cosmetic effect disturbed the family. They consented to the first operation, which was done eight years ago. At that time, I inserted the head of the fibula into the upper epiphysis of the tibia which at the time of the operation proved still osteomyelitic. In spite of the discharging sinus, the so-ingrafted fibula grew into the tibia and with the aid of a brace the child now could walk. The fibula took on compensatory growth, becoming of a thickness greater than the tibia on the other side, the evident intent being to fill the function of two bones. In spite of this hypertrophy the bending out under weight continued. I finally persuaded the family to allow a grafting into the region of the tibia. This was accordingly done. The graft took as you will see from the X-ray. The child walks. The leg was straightened out by an osteotomy of the fibula at the time of the grafting. To the durability of the graft the fact testifies that by a fall the child broke the fibula, hypertrophied though it was, while the fairly frail grafted tibia held. She now walks, as you can see, with a good gait.

The knee has been the locality higher up on which I have next grafted. The patient, whom you see before you, had a tubercular knee ever since he can remember. Seven different surgical interferences, many I should say from his description in the nature of curettage, had been performed. Sinus continued and told on his general health. Treatment by plaster cast and brace proved of no avail, so I finally was compelled to do a resection of the knee. At the time of the operation the end of the femur as well as the tibia proved to be so much attacked by tuberculosis that not all the tubercular bone could be removed. In spite of which the man made a very good recovery. Perhaps on account of the quickness and uneventfulness of the recovery, he found the wearing of a protection brace, which had been advised for

considerable time after the operation, unnecessary and without my knowledge and consent discarded the brace. Evidently the union was not yet firm enough to allow weight-bearing for such considerable length of time as his calling, that of a barber, required. The tibia had evidently slipped back somewhat and there was considerable pressure on the soft parts which brought on another sinus. To do away with the irritating mobility, I grafted into the front of what used to be the knee a long graft which took and has done away with the pain, though the sinus has not healed up altogether, while the discharge from it has certainly diminished.

At the hip joint I have made use of the bone-grafting several times and for two different conditions.

In one case of arthritis deformans, where a slight amount of mobility irritated a rim-like exostosis, the joint was entered and destroyed and a part of the rim used as a graft to insure quicker and firmer union. The end sought has been accomplished. The patient walks without pain.

In two cases have I inserted bone-grafts into tubercular hip joints, as you will see from the X-ray.

You are aware that tubercular bone is very tardy in forming bony union if indeed it ever does. The ankylosis in hip joint disease, where destruction of the joint surfaces has taken place, is therefore always a fibrous one. Children are very apt to injure the joint, the stiffening of which makes them awkward in moving, the fibrous union is broken loose and we usually have a renewed attack of tuberculosis set in. Each succeeding attack is, of course, more consequential. In order to do away with this risk, I have tried quite a few times to establish bony union by open operation, removing so much of the diseased bone as would justify me in believing that I had sound bone both on the side of the acetabulum and on the side of the femur, which then theoretically should give me bony union. In practice I have been unable to ever get bony union that way and have discarded that operation as useless. Inserting a bone-graft on the freshened surface promises to give me better results. In both the

cases which I present to you bony union seems by clinical evidence as well as by X-ray findings to have taken place.

Derangement of the sacro iliac joints are becoming more frequent these days. I have had quite a series of cases. All these cases had had pain in the small of the back over one or both sacro iliac regions and sciatica of violent character. All these cases had been treated by other practitioners and myself by various therapeutic means. Massage, electricity, dry hot air, nerve stretching, thermal penetration, had been tried, usually giving temporary relief, the trouble returning with renewed vigor in all of these cases. Mechanically we have tried to secure the joint by adhesive plaster strapping, by leather belts, braces and corsets. In a few temporary relief was again gained, in not one of them a permanent cure. The X-rays in all of these cases showed distinct lesions of the sacro iliac joint on one or both sides or the sacro lumbar lesions or derangement. The grafts have been inserted over one or both sacro iliac joints and over the last lumbar and upper sacral vertebræ. The X-rays being handed around explain themselves.

Here is the case of a man who has been treated for rheumatism and having found no relief, I saw him in consultation. At that time he was unable to get about, had lost considerable weight, was in agony day and night. Refusing operation, he was first placed on a plaster of Paris bed. On this he improved so that after three months, with the help of a brace, he could get up and might have continued favorably. As, however, he was suffering from inguinal hernia on both sides, the pressure of the apron of the brace on the abdomen aggravated this condition. He finally consented to an operation. Grafting over both sacro iliac joints and the sacro lumbar region was done. Three weeks after the operation, he was operated on for relief of both hernia. Six weeks after the first operation he left the hospital. He has been walking ever since, taking up light work pretty soon after the operation. He has tested the efficiency of the graft by falling down cellar and, though much alarmed, has been none the worse for the experience.

This lady whom I present to you is a similar case. She was troubled with backaches for fifteen years. They never quite incapacitated her though they kept her in precarious health. Following a somewhat difficult delivery, the sacro iliac trouble seems to have been stirred up. She came to me for relief from intolerable backaches and sideache. She had lost considerable weight. Various of the above cited therapeutic agents had been employed without permanent relief. She was put upon a plaster of Paris bed for one year. She gained weight and was able to be up after that period with a brace on.

Moving became necessary, she overdid and her trouble returned with the old vehemence. I then operated on her, inserted grafts in both sacro iliac and into the sacro lumbar joints, since which time she has been up and about doing her house work.

On the spine I have done the grafting after Albee's and Hibb's methods in any situation from the lumbar region up to the cervical. This man is a case of the lumbar type. This little child has had two grafts inserted at one sitting, one in the lumbar and one in the upper dorsal region. Here is a child just recovering from the operation which was done nine days ago over a tremendous gibbus, nine vertebræ being fastened by grafts. All these operations have been so far successful.

I have grafted into the tubercular shoulder joint. The result is subjudice. This last picture shows the result of a graft in a repeated fracture of the olecranon with good bony union.

Though some of the patients when put to operation were in moribund condition, we have been fortunate to bring these operations off without any death. Though two operations have been done on the same patient at the same or subsequent sitting and though some of the operations have been done in the presence of tubercular bone lesions elsewhere in the patient, several of them in the presence of pulmonary tuberculosis, all the patients have picked up in general health after the operation. While some of the cases with pulmonary tuberculosis will undoubtedly succumb, they have been made for the time being

very comfortable. This was especially noticeable in the case of a man now in a sanatorium who had pulmonary tuberculosis, tubercular spondylitis and a tubercular shoulder. He suffered cruelly from the spondylitis and was operated on and experienced much relief, so much so that he subjected himself to the shoulder operation, hoping to get an equal amount of relief. His pulmonary symptoms progressing, it is rather doubtful whether we shall get bony union in the shoulder established sufficiently early to get the freedom from pain in that situation.

Wednesday, May 20, 1914, 2.30 P. M., at Yale Medical School, 150 York Street.

Laboratory Demonstrations and Exhibitions. Laboratory of Anatomy.

DISSECTIONS ILLUSTRATING THE COURSE GIVEN IN THE ANATOMY OF THE BRAIN—ANATOMICAL MODELS FOR STUDENT'S USE—CORROSION SPECIMENS.

H. B. Ferris, M.D.

Dr. Ferris demonstrated the various dissections made by the students in the course on the anatomy of the brain. These dissections illustrated the fissures and convolutions, the blood vessels, the ventricles, the internal capsule and ganglia, and the various fibre tracts, as the optic and auditory radiations, the motor and sensory and other smaller tracts in the mesencephalon, pons and bulb. The finer internal structure was shown by Weigert-Pal sections of the whole brain, and of the various parts of the brain stem.

A considerable number of plaster models for the use of students were shown, illustrating dissections at various levels from the front, back and side of the body; also models of the head, cranial nerves and organs of special sense. A series of wax models were demonstrated showing the surface form and the internal structure of the human embryo at various stages of development. Also models illustrating the development of the heart, cranium and the genito-urinary organs.

The technique of making corrosion specimens was also demonstrated. This included the celluloid, the celloidin, the ozokerit and the fusible metal methods. Specimens of the bronchial tree and pulmonary vessels of various animals and the portal vessels of the liver, prepared by these methods, were shown.

SLIDES ILLUSTRATING EXPERIMENTAL STUDIES OF ELASTIC
TISSUE—BLOTTING PAPER AND WAX METHODS USED
IN RECONSTRUCTION WORK.

Dr. John P. Schaeffer.

Dr. Schaeffer demonstrated slides illustrating the behavior of the elastic tissue in arteries at varying periods after ligation has been performed. The experiments were carried out on young pigs and rabbits.

The method of making ordinary blotting paper models in reconstruction from sections as well as folding or hinged models was shown. The wax method of making reconstructions was explained in detail. Reconstructed models of the lachrymal apparatus, models showing several stages of the development of the nasal fossæ and a model illustrating the brain and the cranial nerves of a six-day chick were exhibited.

Dr. Schaeffer also demonstrated the Spalteholz method for clearing gross anatomical specimens and showed hearts with blood vessels injected and pig embryos illustrating the process. He also demonstrated successive sections, both transverse and longitudinal, of the human cadaver.

HARRISON'S METHOD OF TISSUE CULTURES.

Davenport Hooker, Ph.D.

Davenport Hooker, Ph.D., demonstrated Harrison's method of making tissue cultures *in vitro* and exhibited such cultures of the cells of the frog and the chicken. He also demonstrated embryos from which various parts had been removed at an early stage and showed the effect of the loss of the part.

LABORATORY OF PATHOLOGY—WASSERMANN TEST FOR
SYPHILIS (WITH DEMONSTRATION).

C. J. Bartlett, M.D.

Dr. Bartlett discussed briefly the underlying principles upon which this reaction is based, describing the hemolytic system,

the factors which enter into this and the sources from which they are derived. The fixation of complement by means of antibodies other than red blood corpuscles was next considered and the way in which such complement fixation could be demonstrated by the resulting lack of hemolysis was demonstrated. Complement fixation by syphilitic antibodies in the blood serum and the application of this reaction to the diagnosis of the disease constitute the Wassermann reaction.

A demonstration of the Wassermann test was then given showing the positive and negative controls and also the results of tests of unknown sera. The value of a positive reaction when the test is properly made was emphasized, as was also the danger of being misled by a single negative test. A single negative test is not conclusive of the absence of syphilitic infection. The fact was mentioned that the spinal fluid not infrequently gives a positive Wassermann reaction when the blood serum gives a negative one; and in treatment of cerebro-spinal syphilis the blood serum often fails to show syphilitic anti-bodies while they still remain in the spinal fluid.

PREPARATION OF AUTOGENOUS VACCINES

(With Miss F. B. Kinne, M.A.).

The technique of preparing these vaccines was demonstrated from the first step, the plating of the material to be examined, the obtaining in pure culture of the one or more varieties of bacteria present, growing, killing and counting the bacteria and the putting up in proper dosage of the vaccine for use.

TECHNIQUE OF OBTAINING SPINAL FLUID PRESSURE; THE BUTYRIC ACID TEST.

R. W. Nichols, M.D.

Lumbar puncture was performed in the usual manner and the needle was connected with a water bottle by means of a rubber

tube. At the connection of the needle with the tube was inserted a right angle glass tube of 3 mm. bore and graduated into cm. The fluid rose in this tube and the pressure was read in number of mm. of spinal fluid.

The Noguchi Butyric Acid Test was performed on samples of spinal fluid giving positive and negative tests, respectively.

The cellular elements of different spinal fluids were shown under the microscope, demonstrating the cell count by enumerating the numbers and types of cells found.

INDUCED VARIATIONS IN THE CULTURAL CHARACTERS
OF *B. COLI*—TECHNIQUE OF MAKING BLOOD
CULTURES—GROSS SPECIMENS
OF GLANDERS.

Max R. Smirnow, M.D.

These variations in the cultural characters of the bacillus coli communis were brought about by subjecting the organisms to the action of phenol, also by their cultivation in dextrose, sodium sulphate and strong sodium chloride broth. Some of the strains of the colon bacillus were so altered that they resembled closely the typhoid bacillus. This variation, though as yet in the experimental stage, is of some interest, and may be of hygienic importance. Variations in the chromo-genic properties of the staphylococcus pyogenes aureus were also shown as affected by the substances above mentioned.

The various methods employed in making blood cultures were spoken of, and particular emphasis was placed on points of possible error. He spoke also of the clinical conditions in which blood cultures were most frequently required, and, in a general way of the results obtained in various hospitals.

A number of pathological gross specimens of glanders were demonstrated, including the Strauss guinea pig test for glanders. Several photographs were exhibited of the lesions in the human being and in the horse, taken from cases that occurred in and about the city of New Haven within the past year and a half.

VARIOUS STRAINS OF TUBERCLE BACILLI AND OTHER ACID-FAST BACTERIA.

Stephen J. Maher, M.D.

Pure cultures on glycerin-agar and on glycerin-broth-potato of human bovine and avian tubercle bacilli were first shown and their cultural characteristics pointed out. Stained smears from these cultures were compared under the microscope and the slight morphological differences between the individual bacilli of the three types noted.

The second part of the exhibition consisted of a demonstration in culture tubes and under the microscope of other acid-fast bacteria the classic types as well as some isolated by the demonstrator, from cancer of the uterus, from epithelioma of the face, and, most important, from a culture of bacillus subtilis old and gone to spore. This last strain of acid-fast was somewhat pleomorphic, but on favorable media consisted of perfectly acid-fast short bacilli, closely simulating the classic pictures of bovine tubercle bacilli.

The points of interest brought out by the microscope were also shown in colored drawings hung on the laboratory wall.

SPERMATOOZOA FROM VARIOUS ANIMALS.

M. M. Scarbrough, M.D.

Spermatozoa from man and the various domestic animals, including the dog, cat, rabbit, guinea pig and mouse, were shown under the microscope in both stained and unstained specimens. Differences in shape, length, and proportion of parts were pointed out, designating means of differentiation especially from those of man.

DEMONSTRATION OF GROSS AND MICROSCOPIC PATHOLOGICAL SPECIMENS.

A considerable collection of pathological specimens, many of them preserved in natural colors, was shown. A part of these

were also demonstrated microscopically. In addition, the organs from a case of subacute endocarditis which had just come to autopsy were shown. It gave a typical picture of mitral endocarditis, with infarcts and numerous minute hemorrhages in the kidney and a large septic spleen with infarcts. It was the type of case which is due to the streptococcus viridans, although the blood cultures in this case had been negative.

Attention was directed to the large collection of paintings in the possession of the Yale Medical School, showing Chinese patients with tumors as found by the early medical missionaries in China. They were painted by a native of China for the Rev. Dr. Peter Parker, a graduate of Yale, who was one of the earliest of these missionaries. There are about ninety of these paintings which form a unique collection, and have now been put in a suitable condition to exhibit. They were particularly valued by the late Dr. Moses White, formerly Professor of Pathology in this school, who was himself for some years a missionary in China.

The following specimens were shown, many of them preserved to show natural colors.

Psammoma of pineal gland pressing on fourth ventricle, acquired hydrocephalus. Opening between lateral ventricle and subarachnoid space.

Gummata of brain.

Acute pericarditis.

Hemorrhagic pericarditis, cat.

Dissecting aneurism. Ruptures of aorta, both complete and incomplete. Syphilitic.

Acute and chronic pericarditis.

Hypertrophy of heart. Acute endocarditis.

Hypertrophy and subacute infectious endocarditis.

Ante mortem clot, rabbit.

Stenosis of mitral orifice, dilatation and hypertrophy of right ventricle.

Calcification of aorta, cat.

Artery showing bullet wound.

Phleboliths from spleen.

Tuberculosis of the lung.

Tuberculosis of lung, cow.

Subacute bronchopneumonia, white rat.

Tuberculosis of lung showing cavities.

Glanders of lung, of pleura and of lymph nodes of horse.
Tuberculosis of pleura.
Perilaryngitis and peritracheitis, staphylococcic.
Wall of stomach showing healed ulcer.
Carcinoma of stomach, lesser curvature.
Experimental ulcers in stomach, injection of bile, rabbits.
Omentum showing fat necrosis.
Papillary cystadenoma of omentum.
Tubercular ulcer of small intestine.
Meckel's diverticulum, dried and varnished.
Experimental ulcers of appendix and small intestine.
Large intestine, hog cholera.
Intestinal obstruction due to fecal impaction, white rat. Tumor noticed several months before autopsy.
Tubercular ulcers of rectum.
Richter's hernia of caecum and appendix. Dried.
Multiple diverticula in sigmoid.
Experimental ulcer, large intestine. Bile injection.
Appendix showing fecal concretions.
Appendix showing perforation.
Fecal calculus from appendix.
Gangrenous appendix with perforation.
Dilated appendix. Chronic appendicitis.
Cystic appendix.
Gangrenous appendices, one perforated.
Experimental ulcer, appendix.
Primary carcinoma of liver.
Showing extension into vessels.
Showing extension into portal vein.
Gall stones from rabbit.
Liver, bile-stained.
Chronic cholecystitis showing erosion.
Syphilitic gumma of liver.
Gall bladder, from abdominal hernia. Chronic cholecystitis.
Gumma of liver.
Hypoplasia of one kidney, compensatory hyperplasia of the other.
Cystic hypernephroma of kidney.
Tuberculosis of kidney and ureter.
Tuberculosis of kidney.
Suppurative nephritis, compensatory hypertrophy.
Horseshoe kidney from child.
Chronic interstitial nephritis.
Acute nephritis.
Suppurative pyelonephritis and cystitis.

- Bladder wall of rabbit showing hemorrhages, phosphorus poisoning.
Carcinoma of bladder; pyelonephritis.
Carcinoma of penis.
Acute orchitis in guinea pig injected with bacillus Mallei for diagnosis.
(Strauss test.)
Strauss test for bacillus Mallei.
Hypospadias.
Myoma of uterus, subperitoneal, showing small attachment of tumor.
Multiple myomatous nodules.
Prolapse of uterus, erosion of cervix.
Submucous polyp.
Diciduoma malignum.
Prolapsed uterus.
Carcinoma of uterus.
Carcinoma of fundus uteri.
Ovum, ruptured extrauterine pregnancy.
Papillary cystadenoma of the ovary.
Papillary cystadenoma of the ovary.
Extrauterine pregnancy. Notice fœtus at upper end of specimen.
Pruritus vulvae.
Cancer of clitoris.
Embryo of three weeks showing chorionic villi.
Embryo of about seven weeks showing chorionic villi.
Fœtus, extrauterine pregnancy.
Fœtus showing chorionic villi.
Fœtus in membranes.
Sac showing chorionic villi. Abortion about sixth or eighth week.
Slightly enlarged mesenteric nodes with hemorrhagic points.
Glanders, peribronchial lymph nodes of horse.
Peribronchial lymph nodes of horse showing the lesion of glanders.
Axillary lymph nodes, tubercular.
Tubercular gland from cow's udder. This gland drained into mammary gland.
White infarcts of spleen.
Banti spleen.
Colloid goitre.
Clavicle showing metastases from cancer of prostate.
Ribs showing metastases. Cancer of prostate.
Skull, osteitis deformans (hyperostosis cranii).
Congenital syphilis, femur.
Actinomycosis of jaw, cow. Six months duration.
Dry gangrene, experimental (Leg, guinea pig.)
Warts from around anus.
Carcinoma of prostate, absence of one kidney, hydroureter.

Cancer of prostate, primary; cancer of right seminal vesicle; metastatic growth in right ureter; double hydronephrosis; subacute nephritis; chronic cystitis with calculi.

Experimental tuberculosis, guinea pig.

Tissues from case of hemachromatosis.

Normal guinea pig, showing abdominal organs.

Miliary tuberculosis, child 1½ years old, all organs.

Carcinoma of prostate.

Metastases in ileum and in spine.

Metastasis in liver.

Tuberculosis of intestines.

Experimental tuberculosis in guinea pig, organs.

Tuberculosis in guinea pig.

Laboratory of Physiology.

ACIDOSIS INDEX FROM PULMONARY AIR—SOME CAUSES OF RESPIRATORY FAILURE.

Yandell Henderson, Ph.D.

Recent investigations have shown that the pulmonary ventilative (i. e., the product of the rate and depth of breathing) depend on the balance of acid and alkaline elements in the blood. The more the acidity, the greater the respiratory activity. This lowers the amount of CO_2 in the pulmonary air.

The Haldane method of determining the pulmonary CO_2 was demonstrated and the significance of low CO_2 as an index of disturbance of the acid-alkali balance discussed.

It was demonstrated that excessive breathing is naturally followed by a period of respiratory failure, and it was pointed out that the excessive breathing of pain, fear and ether excitement are predisposing causes tending to failure of breathing when full anesthesia is later induced.

DEMONSTRATIONS ON THE HEART.

A. L. Prince, M.D.

(1) An apparatus to illustrate the mechanics of the atrio-ventricular valves.

(2) An apparatus for the perfusion of the mammalian heart with a limited quantity of fluid.

The excised heart of the cat, perfused with Locke's solution through a cannula inserted into the aorta is suspended in a warm chamber. The fluid escaping from the coronary veins falls through a vertical tube connected at its inferior extremity with an oxygen pump. This pump, similar in construction to the Giffard steam injector, oxygenates the perfusion fluid and simultaneously forces it through a conduit leading to a reservoir situated above the heart at a level corresponding to normal arterial pressure. From this reservoir the fluid returns to the heart by gravitation.

By this method the heart can be perfused for several hours with only 150 c.c. of fluid and without danger of bacterial contamination, as the apparatus forms a closed system all parts of which can be sterilized before an experiment.

This apparatus has been successfully employed for the determination of the rate of carbohydrate consumption in the living heart.

Laboratory of Pharmacology.

FEVER EXPERIMENTS UPON THE BRAIN.

H. G. Barbour, M.D.

The central control of the regulation of bodily heat is illustrated by the alternate application of heat and cold to the region of the corpus striatum of a rabbit. The temperature is varied by a stream of water through a small folded tube previously secured in position by an aseptic operation.

The effect of heating the "temperature centers" is to bring on within one or two minutes a persistent vasodilation of the ear vessels while cooling effects an equally persistent constriction. This peripheral vasodilation is a factor contributing to the reduction of the rectal temperature. The peripheral vasoconstriction caused by the central cooling spares heat and contributes to the rise in rectal temperature.

An artificial fever is thus produced by cooling the "temperature centers" and reduced by heating the same.

(For Literature see Journal of Pharmacology & Experimental Therapeutics, Nov., 1913, Sept., 1914, etc.)

CLASS WORK IN EXPERIMENTAL PHARMACOLOGY.

*H. G. Barbour and A. L. Prince assisted by J. F. Cobey
and L. L. Maurer.*

Demonstration of apparatus, tracings and other data illustrating the following topics (some of the experiments were seen in actual operation) :

- Effect of drugs upon the heart.
- Effect of drugs upon the blood vessels.
- Effect of drugs upon the salivary glands.
- Effect of drugs upon the intestines.
- Effect of drugs upon the uterus.
- Effect of drugs upon the kidneys.
- Effect of drugs upon the respiration.
- Effect of drugs upon the voluntary muscle.

Laboratory of the Connecticut Experiment Station.

EXPERIMENTS IN NUTRITION.

Dr. T. B. Osborne and Dr. L. B. Mendel.

A demonstration was given of some of the authors' experiments in nutrition, in which albino rats were used.

On a diet consisting of almost any one of the proteins studied, "protein-free milk" (the dried serum of milk, free from fat and protein), starch, and lard, young rats can make normal growth for about three months. They then decline rapidly, and frequently develop large abscesses of the eye-ball. Replacing a part of the lard with butter fat, "butter oil," cod liver oil, or egg yolk fat checks the decline, and the rat speedily recovers at a rate

much above the normal for growth, while the eyes are soon cured. Almond oil and olive oil are ineffective.

On the alcohol-soluble proteins of wheat, rye or barley, rats fail to grow but remain at constant weight for several months. When the missing amino-acid lysine is added, growth ensues.

On zein, the alcohol-soluble protein of corn, rats decline rapidly. If tryptophane is added they are maintained; if lysine also is added they grow.

Proteins differ in their ability to supplement zein, lactalbumin apparently being the most effective.

Most leguminous proteins fail to promote normal growth.

The capacity to grow is not lost by prolonged stunting on imperfect foods. The substitution of a perfect food immediately promotes normal growth.

A large number of rats under experimentation were shown. Also, numerous charts, showing curves of growth, weight, etc., were demonstrated.

EXHIBITION OF DIABETIC FOODS.

John Phillips Street, M.S.

There were exhibited 203 samples of diabetic preparations including

- 41 flours and meals.
- 1 protein preparation.
- 3 soft breads.
- 54 breads, biscuits, cakes, etc.
- 6 breakfast foods.
- 3 macaroni and noodles.
- 20 nut butters and nut pastes.
- 6 chocolates and cocoas.
- 38 wines.
- 17 saccharin preparations.
- 14 miscellaneous preparations.

These samples represented practically all the foods on the American market especially recommended for the use of diabetics. Probably three-fourths of them made fraudulent claims as to their composition and their usefulness in a carbohydrate-restricted diet.

In the following tabulations a summary is given of the brands, *sold* as *diabetic* foods, which show less than 35 per cent. of carbohydrates, arranged in the order of their carbohydrate content. A date in parentheses following a brand name signifies that the brand named showed variations in different years; in other cases, in which the agreement was close, the results have been averaged.

BRANDS SHOWING UNDER 5 PER CENT. OF CARBOHYDRATES

	Per Cent.
Casoid Baking Powder .....	.0
Dr. Bouma Sugar-Free Fat-Milk .....	.0
Whiting's Sugar-Free Milk .....	.0
Rademann's Currant Juice "ohne Zucker"	0.9
Kalari Batons (1909)	0.9
Glidine	1.0
Casoid Sugarless Marmalade	1.2
Casoid Sugarless Jam	1.5
Kalari Biscuit	1.7
Casoid Dinner Rolls	2.1
Casoid Flour	2.2
Jireh Diabetic Pine Nuts	3.4
Rademann's Preserved Fruits, "entzuckert"	3.5
Kellogg's Protose	3.6
Barker's Gluten Food "A"	4.1
Kellogg's Pine Nuts	4.2
Kellogg's 80 Per Cent. Gluten Biscuit	4.4
Bischof's Gluten Flour	5.0

BRANDS SHOWING FROM 5 TO 10 PER CENT. OF CARBOHYDRATES

Casoid Biscuits No. 2	5.6
Rademann's Preserved Fruits "in eigenen saft"	5.7
Barker's Gluten Food "B"	5.9
Kellogg's Nuttolene	6.3
Nashville Sanitarium Nutcysa	6.3
Huntley and Palmer's Akoll Biscuit	6.5
Nashville Sanitarium Nutfoda	6.8
Rademann's Preserved Fruits "ohne Zucker"	7.0
Muller's Tomatoes für Diabetiker	7.3
Barker's Gluten Food "C"	7.7
Kalari Batons (1913)	7.7
Casoid Biscuits No. 3	7.8
Kellogg's 80 Per Cent. Gluten (1912)	7.9

	Per Cent.
Casoid Biscuits No. 1	8.0
Kellogg's Almond Butter	8.2
Fromm's Uni Bread	9.0
Metcalf's Vegetable Gluten (1913)	9.8

BRANDS SHOWING FROM 10 TO 15 PER CENT. OF CARBOHYDRATES

Kellogg's Pure Gluten Biscuit (1906)	10.2
Health Food Pure Washed Gluten Flour (1913)	11.1
Health Food Alpha Diabetic Wafers	11.3
Loeb's Imported Gluten Flour	11.8
Health Food No. I Proto Puffs	11.9
Kellogg's Potato Gluten Biscuit (1906, 1909)	11.9
Kellogg's Nut Meal	12.1
Kellogg's 80 Per Cent. Gluten (1909)	12.5
Nashville Sanitarium Nut Butter	13.0
Kellogg's Nut Butter	13.9
Bischof's Diabetic Gluten Bread	14.3
Jireh Diabetic Baking Powder	15.0
Peanut Butter (range from 12 to 20)	15.0

BRANDS SHOWING FROM 15 TO 20 PER CENT. OF CARBOHYDRATES

Casoid Chocolate Almonds	16.1
California Paper Shell Almonds	16.3
Callard's Cocoanut Biscuit	16.4
Rademann's Diabetiker-Chokolade	16.9
Health Food Almond Meal	16.9
Callard's Ginger Biscuit	18.1
Callard's Prolactic Biscuit	19.3

BRANDS SHOWING FROM 20 TO 25 PER CENT. OF CARBOHYDRATES

Callard's Almond Shortbreads	20.7
Callard's Casoid Rusks	20.8
Rademann's Diabetiker-Makronen	20.8
Health Food Protosoy Diabetic Wafers	21.2
Jireh Patent Cotton-Seed Flour	21.3
Casoid Lunch Biscuit	21.6
Rademann's Diabetiker-Chokolade Biscuit	21.9
Cereo Soy Bean Gruel Flour	23.7
Health Food Salvia Sticks	24.0
Health Food Protosoy Soy Flour	24.5
Metcalf's Soja Bean Meal	25.0

BRANDS SHOWING FROM 25 TO 35 PER CENT. OF CARBOHYDRATES

	Per Cent.
Jireh Soja Bean Meal	25.8
Brusson Chocolat with added Gluten	26.4
Rademann's Diabetiker-Stangen	27.0
Rademann's Diabetiker-Dessert-Gebäck	27.5
Nashville Sanitarium Malted Nut Food	27.5
Metcalf's Vegetable Gluten (1906)	28.1
Health Food Pure Washed Gluten Flour (1906)	29.5
Fromm's Luft Bread	30.7
Spencer's Almond Paste	31.6
Fromm's Conglutin-Diabetiker-Schokolade	32.7
Health Food No. 2 Proto Puffs	33.3
Ferbuson Gluten Bread	33.6
Gum Gluten Breakfast Food	34.2

Thursday, May 21, 9.30 A. M., at New Haven
Hospital, Cedar Street.

Demonstrations and Clinics by Members of the Departments
of Surgery, Gynecology and Obstetrics.

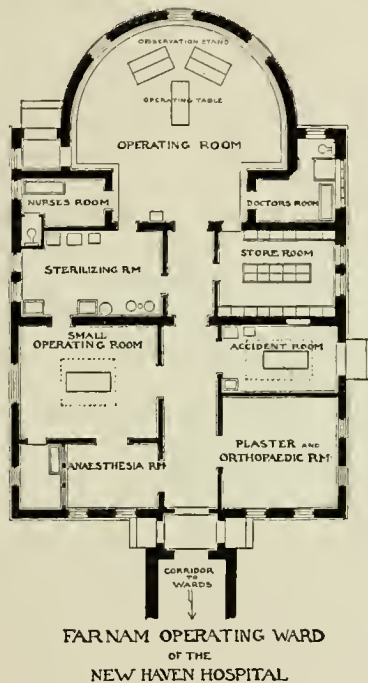
THE NEW FARNAM OPERATING PAVILION.

Joseph Marshall Flint, M.D.

For years, the New Haven Hospital needed operating facilities of a modern character to replace the Old Farnam Ward which had become antiquated and inadequate in capacity after years of useful service. Through the generosity of the Farnam family, who provided again the funds, a complete reconstruction of the old operating amphitheatre, with extensive additions thereto, became possible, giving the Hospital entirely modern operating facilities. The new rooms were completed the day previous to that on which the clinics were held for the State Medical Society. Before describing the new Pavilion, it is only fitting to recall that the old Farnam Ward was one of the first surgical amphitheatres constructed in this country and, for over a quarter of a century, not only provided the Hospital with an operating room quite advanced for its time, but also passed through the transition from antiseptic to aseptic surgery. For the same period, the surgical clinics of the Yale Medical School were given in this building. With the useful part it played in the history of medicine in Connecticut, it is interesting to observe how well it adapted itself to the reconstruction of a perfectly modern operating plant.

In this reconstruction and expansion, two factors were held constantly in mind, the first an operating suite with all modern improvements which could be easily maintained, and the second, the maximum elimination of waste motion and promotion of

efficiency by the outfitting and arrangement of the sterilizing and store rooms so as to minimize the number of steps necessary in serving each of the operating rooms effectively. As one enters the Pavilion, the anæsthetic room is placed conveniently to the left of the main corridor. Opposite is the orthopedic and plaster room, which is outfitted with a fracture table, plaster table, spica



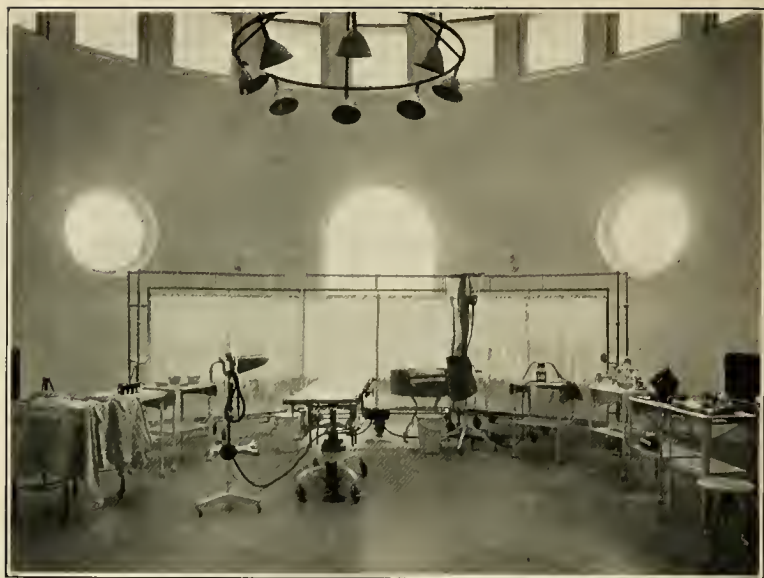
boxes, and apparatus for Sayre's extension, together with cases for the storage of splints and orthopedic apparatus which may be from time to time required in wards. This room may also be used as a recovery room in case there are patients who are too sick to be removed to the wards.

Immediately beyond to the right is the accident room which also provides for the admission of emergency and ambulance cases to the hospital. This room is provided with an operating table,

cases and sterilizers sufficient for minor surgery. Opposite is a small operating room with a wash-up alcove immediately adjacent; this room is 18 by 22 feet and is ample in size for small clinics. It is provided with abundant roof and north light. The artificial illumination of the field of operation for night work is obtained from the new Bartlett parabolic lights, which have proved serviceable and satisfactory. No fixed furniture is permitted in the operating room, which is so arranged with tile wainscoting that the entire room can be flushed down for cleansing and disinfection purposes. Plumbing connections with the basement provide vacuum and compressed air, the former for suction aspiration and the latter for pharyngeal and intratracheal insufflation anæsthesia.

Just between this smaller and the larger operating room is the sterilizing room which contains the sterilizing appliances for the whole pavilion. These are concentrated into one room to avoid overheating the operating rooms in summer, as well as to occupy a geographical center point between the two operating suites. Saline, utensil and instrument sterilizers occupy one wall; a blanket warmer, still, and the apparatus for hot and cold sterile water, together with the slop and instrument sink occupy the opposite wall. In the center is a large glass top table for preparation and cleaning purposes. Immediately opposite is the store room, which likewise is conveniently situated to both operating suites. In this room, there is a series of cases for the storage of sterile supplies and such material as may be needed from time to time in the course of operations.

The large operating room is exactly the same size as the old surgical amphitheatre from which the seats have been removed and the entire interior converted into one large operating space, which is sufficient to accommodate two operating staffs at the same time. The spectators are confined to iron stands which have at present a capacity of 36, but are capable of enlargement. Here are likewise found connections for suction and pressure, as well as the rheostats which control the motors and pumps used for this purpose in the basement.



Large Operating Room viewed from the Corridor.



Large Operating Room viewed from the Observation Stands.



Accident Room.



Small Operating Room.



Anæsthesia Room.



Store Room.



Sterilizing Room.

At the left of the amphitheatre is a nurses' preparation and dressing room, provided with lockers, toilet, deep sink and solution basins. In a corresponding position at the opposite side, facilities are provided for dressing and wash-up room for the staff. Here, likewise, are lockers, shower bath, toilet, deep sink, and solution basins for the preparation of the staff.

A study of the floor plan and of the photographs will give an excellent idea not only of the arrangement of the rooms, but also the situation of the furniture in the operating suites. At present it is necessary for visitors and students to use the main corridor in going to and from operations, but at some future time it is proposed to erect a covered corridor so that visitors may enter and leave the operating rooms by this separate passage-way, leaving the central corridor for the exclusive use of staff in bringing patients to and from the operating rooms.

It is extremely interesting to see how the old-fashioned plant, modern enough at the time of its construction, could be utilized and, at a minimum of expense, reconstructed into a perfectly practical and effective operating pavilion.

Fig. 1. Anæsthesia Room.

Fig. 2. Accident Room, also used as an admission room for Ambulance cases.

Fig. 3. Small operating room.

Fig. 4. Sterilizing Room.

Fig. 5. Large Operating Room viewed from corridor.

Fig. 6. View of Large Operating Room from the observation stands.

Fig. 7. Store room.

APPARATUS FOR NITROUS OXIDE-OXYGEN ANÆSTHESIA.

Joseph Marshall Flint, M.D.

Nitrous Oxide-Oxygen Anæsthesia: The apparatus which I devised for the administration of gas oxygen anæsthesia resulted directly from our employment of graduate nurses to administer

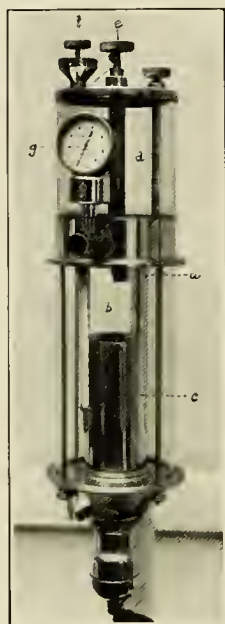
anæsthetics. Owing to woman's inherent dislike of complicated machinery we found the appliances for this purpose already on the market far too intricate for our purpose. Furthermore, they all seemed to have some inherent defects, so one had to be constructed on the simplest lines possible. This apparatus consists of a simple iron stand holding two pairs of gas and oxygen tanks which, as it is placed at the head of the operating table, are easily controlled by one hand. At the outlet, there is a simple by-way to allow the gases to bubble through an ether chamber, in case it is desirable to administer some ether with the gas. This is accomplished by simply turning a milled head on the by-valve. From this point, the gases are conducted through a rubber tube into the re-breathing bag which is attached directly to the mask. The mask is fixed to the patient's face by means of three straps and provides an easily adjusted, quickly removable air-tight connection of malleable rubber. The escape or discharge valve is opened or closed by a simple toggle joint, which can be manipulated by a flip of the finger, so that the expired gases may be discharged either into the atmosphere or forced back into the re-breathing bag according to the desire of the anæsthetist. The photographs show the simplicity of the apparatus and the method of its adjustment. When in use, the anæsthetist sits at the head of the patient with the left hand holding the patient's jaw while the right hand manipulates the valves controlling the apparatus.

APPARATUS FOR PHARYNGEAL AND INTRATRACHEAL INSUFFLATION ANÆSTHESIA.

This apparatus was devised and described some seven years ago. It has proved in our hands to be a practical, simple and convenient apparatus for administration of anæsthesia by either of these methods and has now been employed in something over 1,000 anæsthesias. A pressure pump and air filter is situated in the basement and controlled by a rheostat in the operating room so that sterile compressed air is brought up through a brass pipe to a convenient point for the administration of the



Apparatus for Nitrous Oxide-oxygen Anæsthesia.



Apparatus for Pharyngeal and Intratracheal Insufflation Anæsthesia.

anæsthetic. The rheostat and outlet are shown in the photograph illustrating the suction apparatus. This obviates the necessity of having a noisy and cumbersome motor and blower working in the operating room during the progress of the anæsthesia. The apparatus itself is mounted on a gas pipe stand (see photograph of suction apparatus) which carries the compressed air and electric wiring for the heating chamber. At the point where the compressed air enters the apparatus, an escape valve (Fig. 1 a.) is provided by which the pressure and volume of the air can be regulated so that there is never any danger of an accident from over-pressure during the progress of an anæsthesia. The air enters the volatilizing chamber (Fig. 1 b.) which contains a cylinder (Fig. 1 c.), in the center of which is a 36 candle power carbon filament lamp. This lamp provides not only the heat necessary to volatilize the ether, but also warms the mixed vapors. The temperature in this chamber is indicated by a thermometer and controlled by a small rheostat on the stand which dims the light. Above the volatilizing chamber is an ether reservoir (Fig. 1 d.) which is constructed on the principle of an oil cup and is controlled by a pin valve (Fig. 1 e.) so that the ether may be dropped at any desired rate upon the surface of the warm cylinder below. This pin valve is graduated, making it possible to obtain definite percentage of the ether air mixture. As a matter of fact, only three percentages are required, viz., 15, 20, and 25, which cover practically all of the requirements in any general anæsthesia. Provision is made on the top for a funnel (Fig. 1 f.) by which the ether reservoir can be refilled during an anæsthetic. At the outlet there is a small "Tycos" manometer (Fig. 1 g.) which designates the pressure, and hence the volume of the mixture which is being delivered at any given time. With a pressure of two millimeters of mercury about 10.5 litres of air per minute is delivered, which is ample for pharyngeal anæsthesia. For the intratracheal method pressure is raised to about 15 millimeters. The advantages of the apparatus are its extreme simplicity and the ease with which it can be assembled for an operation. The connection to the patient is made by a cloth-covered tube on the end of which there is a reducer which fits either on to

the nasal tubes for pharyngeal anæsthesia or the catheter for intratracheal insufflation.

For all of our head, face, and neck work we use the pharyngeal method, which gives the operator entire command of the field of operation. It is simpler, much more convenient, and safer than the intratracheal insufflation. The latter method is superior, however, in cases where there may be danger of aspiration, or the possibility of an arrest of respiration during operation, as in cerebellar tumors. In cases of stenosis of the trachea, it also has the preference as a method of anæsthesia over pharyngeal insufflation.

APPARATUS FOR ASPIRATION AND IRRIGATION OF JOINTS.

J. W. Churchman, M.D.

I want to speak of another group of acute infections, occurring in certain regions of the body, the problem of whose treatment has not yet been solved, on account of the peculiar structure of the parts involved. Abscesses of the joints for example still fail to yield satisfactorily to treatment; and until recent years, this was more or less true of empyema, of which Dr. Flint has just spoken. The spinal cord is an instance of a part of the body where infection is still an unsolved problem as regards surgical treatment. We cannot apply antiseptics directly into the subdural space, and the joints present another unsolved problem of surgical infection.

In the early days, the same principles were applied to joint infection as to infection elsewhere, namely: incision and drainage. It was soon realized, however, that this method would give unsatisfactory results, for two or three reasons. The first of these was the structure of the joint, which is such that an infection after subsidence often leaves a partially stiff joint. Another reason why this method was not satisfactory in the joint is that the joint is a complicated structure and presents recesses that cannot be drained through one incision or reached by antiseptic applications. The third reason is that if organisms get into a

mucous membrane well below the surface, it is almost impossible to dislodge them. In acute cystitis, for example, in the male, which is caused by stone, enlarged prostate or stricture, if you relieve the underlying cause, you cure the cystitis, but you do not necessarily get rid of the organisms. If they have penetrated to the base of the mucous membrane, these organisms persist throughout life; and this is also true of the joint, because we do not know any antiseptic that will kill the organisms there without destroying the mucous membrane itself.

The early treatment, by means of wide incision and drainage, has gradually been given up in favor of conservative treatment by various forms of aspiration and irrigation; and the apparatus that I wish to show you is devised to enable us, with perfect technique, which is essential here, to aspirate a joint and wash it out with any desired antiseptic or fluid, without exposing the joint to subsequent infection—also to distend the joint so that the material will reach to all recesses of it. If you take a model of the knee, which I have, you will see certain recesses that connect with the joint cavity, but would not be reached by fluid, unless it were forced in with a good deal of tension; and the arthritis would, therefore, persist. The most important of these recesses is the subquadriceps bursa, which is a part of the joint and is practically always connected with it. A number of these other bursæ sometimes do not communicate with the joint cavity; while, on the other hand, some of those that show as separate cavities usually, do sometimes connect with it. We must aim to fill not only the space between the bones, but also all of these interstices.

This is the apparatus that we use for the purpose. It looks complicated; but it consists only of a series of tubes, which connect, through common openings, with the tube inserted into the joint and with the tube leading from the pump, which can provide a force or suction power. The fluids that you wish to use can be put in here. I use a little methylene blue for purposes of illustration. The only joints in the apparatus are these, so that it can be taken apart and cleaned. It can be autoclaved just as it stands. When it comes out of the autoclave, it is a

closed system; and there is thus no chance for infection, except with the needle that goes into the joint.

The apparatus consists of this tube, which leads through the traps into these bottles, whose function I can best explain by trying the apparatus. The end bottle, stopped with cotton, receives the pus aspirated from the joint. I will assume that this basin is a knee-joint containing pus. We wish to insert the needle into the joint and aspirate the fluid. It is essential to get the joint clean. One of the reasons for failure in the method of Murphy for the injection of formalin is that the joint was not cleaned out well before the formalin was applied. You are not dealing merely with a smooth-walled cavity containing pus; but the walls are lined and covered with little chunks of fibrin and must be first washed clean. That is what we attempt to do.

We can either aspirate the fluid into this bottle or directly into the pus bottle. Now we want to collect that in the pus bottle, for purposes of culture; so we force it in, in this way. Suction is repeated a number of times, until the joint is clean. There is absolutely no opening of the apparatus after it is once set up. When we wish to wash the joint out we fill our bottle with what we desire to use—first, perhaps, salt solution; and then we force that into the joint. We distend the joint with this material, which is now going in.

Now the joint is full of the irrigating fluid; and that we draw back again, into our pus bottle. That is again exhausted into this bottle; and if we want to inject the stain, we fill the bottle with stain, and force it into the joint again. Then we draw it out again, in the same way.

I may say that I have used, not this apparatus, but this method, in two cases of arthritis; and while the treatment by this method is still in its infancy, the results in these two cases have been very satisfactory. The first was a case of streptococcic arthritis with hemorrhagic pus. We did a number of repeated irrigations (I think, five or six), under gas anesthesia, with immediate cure of the clinical condition. That is to say, we saw immediate subsidence of all the subjective symptoms, and marked improvement in the knee; although not perfect motion. The

second was a case of gonorrheal arthritis of mild type, but persistent. It received medical treatment, with no improvement. Aspiration was done, and a small amount of clear fluid and pus cells removed. The joint was then washed out. There was complete cure. The subjective symptoms disappeared, and perfect function was obtained. The possibility, of course, is that other cavities (for instance, even the thoracic cavity) might be irrigated in the same way; but here another difficulty presents itself, in the shape of the lung, and the mechanical structure of the thorax on which the possibility of respiratory movements depend.

APPARATUS FOR SUCTION AND ASPIRATION.

Joseph Marshall Flint, M.D.

Inasmuch as the apparatus for suction and aspiration as used in the operating room of the New Haven Hospital is installed in conjunction with and as a part of the compressed air system for the pharyngeal and insufflation anæsthesia, the two may conveniently be described together.

In the basement, there is a $\frac{1}{6}$ H. P. motor attached with a chain drive to a Crowell pressure blower, which, however, is connected in reverse so that it maintains a vacuum instead of delivering compressed air. From this pump a set of brass pipes pass up to convenient points in the two operating rooms so that rubber connections may be made with the aspirating sets at the operating table. This degree of the vacuum maintained by this pump is controlled by a rheostat which is mounted behind a white marble plate in the large operating room, below is a switch to turn the current on and off and above is a tell-tale signal light to indicate when the apparatus is running. Without the latter, nurses and others are apt to go off and leave the motors running. The outlet in the suction system is at the base of one of the observation stands just near the foot of the operating table. From this outlet, a piece of pressure tubing connects with the pus trap or receptacle. When we first employed this method seven years ago, we used a two-necked Wolff bottle for this pur-

pose, but my colleague Dr. Sperry devised the modified fruit jar which we now find so convenient. This jar is held in a holder mounted on a heavy brass plate to keep it stable. From the pus trap, a sterile tube runs to the operating table on the end of which may be placed a suction tip, trocar, aspirating needle or simple glass tubes. For his tonsil work where clots are apt to plug the fenestrae in the tips, Dr. Sperry uses a simple glass tube to keep the throat free of blood and mucus; for abdominal work, we have a variety of tips of different sizes which are arranged like fenestrated wells to prevent cupping.

In practice, the whole apparatus is sterilized down to the connection with the pressure tubing which makes it possible to take cultures from the trap after the operation is completed. For the aspiration of joints we usually employ small new 4 ounce bottles as traps, or in cases where an immediate smear may be needed for diagnosis. The dead bodies of bacteria in a trap used frequently will make it impossible to determine by the microscope alone whether a fluid is sterile or contaminated. This method of aspiration has proved so satisfactory that we almost never employ a syringe for this purpose. All who have had experience with the aspiration of exudates from the peritoneal cavity realize the superiority of ~~this~~ method over the old way of sponging them out. The same thing is true of empyemas, liver abscesses and similar pathological conditions.

The compressed air apparatus is constructed and connected with the operating room exactly like the aspirating system except that the pump is arranged to give pressure instead of suction. The compressed air goes to a similar outlet when it is connected with the apparatus for pharyngeal anæsthesia by pressure rubber tubing. The control is obtained from another rheostat.

THE TREATMENT OF EMPYEMA BY CONSTANT NEGATIVE PRESSURE.

Two cases of empyema were shown; one case acute, and the other chronic, to illustrate the results of the treatment by means of suction drainage. Long before the advent of differential

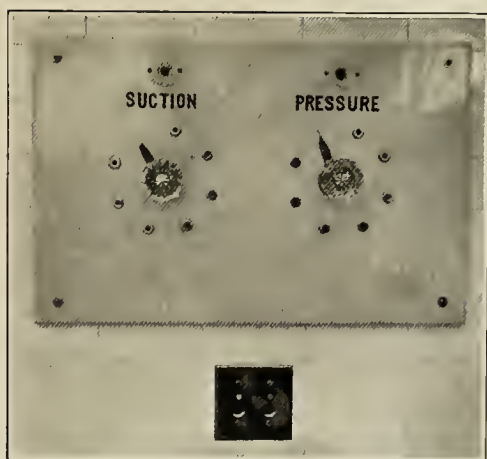


FIG. 1. Rheostats controlling the Suction and Pressure Pumps with tell-tale lights and controlling switches.

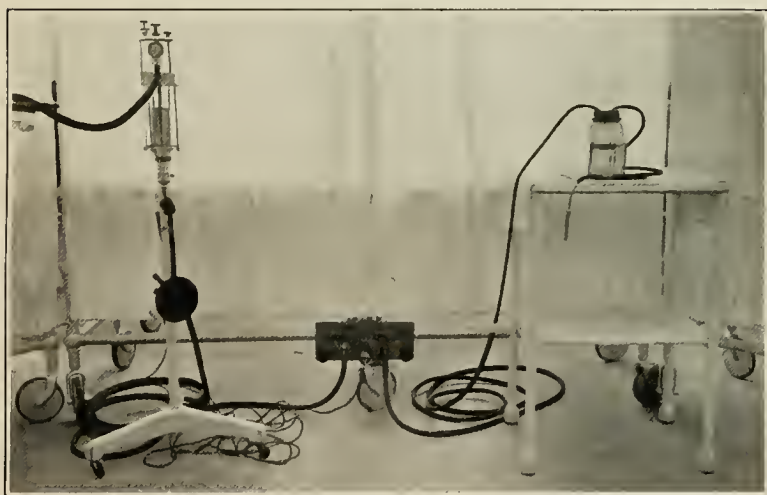


FIG. 2. Outlets at the base of the Observation Stand with connections to the Suction Apparatus and Apparatus for Pharyngeal and Intratracheal Insufflation Anaesthesia.

pressure in thoracic surgery, numerous attempts had been made to establish negative pressure in the empyema cavity in order to induce a more rapid expansion of the lung and aid in the evacuation of pus. Most of these attempts failed owing to the difficulty of securing a practical air-tight connection between the drainage tube and the chest wall. The method which we have developed in the New Haven Hospital is as follows: For the purpose of securing an air-tight joint, a soft rubber dam about 25 centimeters square into the middle of which a drainage tube is securely vulcanized, is utilized. All operations are performed under local anæsthesia, and the cavity is aspirated and emptied after the incision of the pleura by means of the suction tip. Before the sutures in the wound are tied the empyema tube is fenestrated and adjusted, and the wound closed snugly about the tube. The chest wall is then smeared with thick glycerine for a short distance about the tube and the rubber dam pressed snugly upon the wall of the thorax. It is then covered by a square of folded gauze slightly larger than the rubber dam with the tube projecting through a hole in the middle of the gauze. Beginning near the center of the dam at the point where the tube emerges, overlapping strips of adhesive are placed, holding the rubber dam firmly in its position upon the chest wall. In this way an absolutely air-tight connection may be secured if pains are taken to see that the dam is not wrinkled. These empyema tubes are manufactured by the Rider Rubber Company, Springfield, Mass. The tube is then connected with a pus trap by three or four feet of tubing and a partial vacuum created in the system by means of a collapsed Politzer bag. The pus trap consists of an ordinary wide mouth twelve or sixteen ounce bottle, the cork of which contains two bent glass tubes, one connection leading to the chest, the other to the Politzer bag. This arrangement allows the patient free motion in bed and at the same time a constant partial vacuum is maintained by the elasticity of the collapsed Politzer bag. It is interesting to note that the differential pressure created by a Politzer bag is practically equivalent to the normal negative tension in the pleural cavity. Tests of a series of such bags reveal that they will create a vacuum

of about 12 centimeters of water varying from one to two centimeters from this figure according to the condition of the rubber. In ambulatory cases the tubes connecting the pus trap and Politzer bag are shortened making it possible to carry both in a small cloth sac at the side of the chest. In ordinary cases the apparatus is not touched until the ninth day when it is necessary to remove the stitches. At this time, the tube and dam are removed, boiled and the part of the tube which projects into the chest is cut down and the suction re-applied. In this way the lung is usually brought out to the chest wall and the discharge practically ceases in most acute cases in about 15 to 21 days. This progress of the case is indicated by the quantity of the discharge which can be followed readily from day to day. The only difficulties requiring a re-adjustment of the apparatus are those which present themselves when the tube becomes plugged with some of the thick fibrinous exudate so frequently found in empyema cavities, or when the connection between the rubber dam and the chest wall loosens and a leak occurs. The former is indicated by a cessation of the discharge and can often be corrected by dislodging the plug with a long probe passed through the tube, while the latter is indicated by the failure of the Politzer bag to remain collapsed. In the treatment of chronic empyema the apparatus is worn in its ambulatory form with shortened tubes and must be applied until the contracted lung is wholly expanded and become adherent to the parietal pleura. This may require treatment over a number of months. The patients are taught to manage the apparatus themselves and, outside of regular weekly visits, only report for observation when a leak occurs requiring a re-adjustment of the dam. Dressings are done once a week and an X-ray plate taken every month to follow the progress of the expansion of the lung. A few cases have occurred in our experience where a bronchial fistula existed, making it impossible to employ suction drainage by means of the Politzer bag. In these instances an electric suction pump was employed to create a partial vacuum, the degree of which was controlled by means of a simple water valve so that any desired negative pressure could be accurately obtained. In

this way it has been possible to maintain a partial vacuum in the chest cavity notwithstanding the presence of a fistula owing to the large amount of air that can be removed by means of these pumps. In certain instances, like fat women with large pendulous breasts, it is sometimes difficult to avoid a leak in the fold between the under surface of the breast and chest wall. In such cases the electric pump is of great service, inasmuch as it is possible to exhaust the air which enters through the leak, and at the same time maintain a vacuum in the chest.

In our experience, which now numbers about fifty cases, we have never had a chronic empyema develop from an acute case, except in one instance where a bronchial fistula was present in an empyema following a tubercular pleurisy. There has been but one death in the series and that in an empyema following a sub-phrenic abscess which in turn resulted from a general peritonitis in an obese woman where the maintenance of an air-tight connection was practically impossible.

The advantages of this method are obvious. In the first place, the treatment transforms a type of dressing which used to be about as unpleasant as any in the wards, to one of the cleanest, for the daily routine simply consists in emptying the pus trap and measuring the quantity of the discharge. As a rule not more than three or four dressings are required for the ordinary case. The results both in mortality and cures far surpass the older methods, for we have here a simple appliance where practically the normal negative tension may be applied to the collapsed lung as soon as the thoracotomy is performed and is maintained until the lung has completely expanded and adhered. The advantage of having this pull on the collapsed lung maintained for twenty-four hours a day over the older intermittent methods of increasing the intrapulmonic pressure by blowing fluids from one bottle to another is obvious.

GENTIAN VIOLET IN SURGERY—INFLUENCE OF GENTIAN VIOLET
ON TISSUE CULTURES.

J. W. Churchman, M.D., and D. G. Russell, M.D.

Recently, within the past two years, we have been making investigations in regard to the use of aniline dyes in surgery. A year ago, I read before this Society a paper in which the bacteriological side of the matter was presented. We have found that a marked bactericidal action is possessed by gentian violet; and it was shown that Gram positive organisms were killed by it. We have had in mind, for the past two years, the application of these findings to surgical infections; a number of the more important ones of which, as I have mentioned, are yet beyond our reach, so far as cure goes. It may occur to someone to ask, "If you have so simple a substance as gentian violet that will kill so serious an organism as the staphylococcus or the streptococcus, will not its injection into the blood-stream kill organisms there?" It will not. If you inject gentian violet into the ear of a rabbit, in doses sufficient to kill the germs, you do not kill the animal, but the animal changes the stain within two hours, and renders it harmless to the organisms. It does not persist as gentian violet and, therefore, not as a bactericidal agent. That fact, however, may turn out to be of value to us; because if you can make the stain reach the organisms and stay unchanged long enough to kill them, and the body will then change the stain and get rid of it, you will have a valuable antiseptic. We shall apply this to a number of problems that, I hope, will all bear on surgery.

What is the effect of these stains on tissues? We have investigated the effect of gentian violet on protozoan animals—the paramœcium particularly. It stains the nucleus and kills the animal. That raises the question as to whether there is a vital dye, or a stain that will color a cell that is still alive. Many claim that the only way to stain the nucleus is to kill the cell. Then the nucleus will allow the stain to enter. We have tested this on growing tissues, and have proved that you can stain a

growing cell. We have some cultures of tissues growing in gentian violet, absolutely unimpaired. You can see them in the other room. The nucleus is stained, and you can observe the dividing nucleus; and the dividing nucleus is stained. That is as complete a proof as you can have.

These observations are of some importance, because you have a material that kills organisms but does not impair tissue growth. We have a substance which is changed by the living being in the tissues, and which is harmless to the animal. That makes it valuable for killing organisms. The problem is to get it in contact with the organisms. When that is done, this or some similar material will be of use in surgery.

These growths are worth seeing. They are made after the technique that Dr. Harrison described last night; and you can see the actual thing taking place under the microscope.

STITCH ULCERS AFTER GASTRO-ENTEROSTOMY.

Joseph Marshall Flint, M.D.

Specimens and illustrations were shown showing the tendency of non-absorbable sutures to slough out into the lumen of the intestine after a gastro-enterostomy. When interrupted sutures are employed, they may be cast off into the intestine, during the process of ulceration, but in the case of continuous sutures which are anchored into place, they form a foreign body which may lead in certain instances to the formation of a jejunal ulcer. The seromuscular stitches are those which most frequently form ulcers of this character.

In certain cases where the serous sutures have passed too deeply into the wall of the intestine so that they penetrate and remain in the muscularis mucosae, the glands of Lieberkühn may grow down along the suture and perforate the muscular layers of the intestine and form small adenomatous masses or cysts just beneath the serosa. These tend to show cystic dilations and a marked thickening of the peritoneal coat in an effort to protect the general peritoneal cavity against rupture of these cysts. It is these small masses which probably give rise to the

inflammatory tumors that sometimes occur late after a gastro-enterostomy, or by adhesion, rupture into adjacent viscera giving rise to the gastro-colic fistulae that are sometimes observed after gastro-enterostomy.

ABDERHALDEN REACTION.

Technic of the Abderhalden reaction was demonstrated.

SPECIMENS OF EXPERIMENTAL BONE GRAFTS.

In these experiments the skull is used as the matrix for the implantation of the graft. Homo and heteroplastic grafts, with and without periosteum, were placed in the defects in the cranium. In all cases the grafts have taken, but the new bone which is formed appears to come from the cranium rather than from the implanted graft. The same thing is true when portions of ribs are used to cover in the defect. The presence of the periosteum appears to make little difference to the quantity of bone formed after the transplantation.

DEMONSTRATION OF PATHOLOGICAL SPECIMENS.

Numerous specimens removed at operation prepared by the Kaiserling method, preserved in Russian mineral oil, were exhibited. Likewise distended and desiccated specimens of various intestinal lesions were shown.

OPERATIONS.

Drs. Flint and Churchman presented and operated upon a case of exophthalmic goitre.

CÆSAREAN SECTION.

Dr. O. G. Ramsay.

This is a young woman of twenty-one years of age, whom I saw for the first time six weeks ago. I could not get the child's head to engage. The pelvic measurements were very small. There was a true conjugate of eight cm. We have had her in

the hospital for three or four days, and always find the same conditions. The head is above the brim. We planned for her to be delivered some time early in the week. Last night she went into labor. We were able to carry her along until now, but the head is still freely movable above the brim.

This is one of the selective cases for the operation of Cæsarean section. She could be delivered by other methods. The head could be crushed, and the fetus possibly brought through. We have had better results from Cæsareans, however; so we felt that we could give quicker relief in this way. I am glad that she went into labor, because she thus dilated the cervix enough to prevent our having to bother about drainage. In cases where it does not dilate, drainage sometimes troubles us. We have had to put a retention tube in, to take care of the blood in such cases.

I have tried another experiment with this patient. A good many of these cases bleed pretty freely for a short time after the uterus is opened, for it does not contract down very soon. We gave her a good dose of ergot before she took ether, to see what that would do for the contractions.

We generally use the high incision, taking the umbilicus as the median point, rather than going lower down; because the wound contracts down, so that it will be only three and a half or four inches long; and there is less chance for adhesions to form and of injuring the bladder, when the incision is higher. You can get at the baby just as well as when the incision is lower.

The head is movable above the brim, and has made no attempt to engage. She has been in labor for six hours. In a case like this, there does not seem to be great reason for tremendous haste in operating. You get better results, if you are a little careful in making the incision, and do not go through with one fell swoop. I generally put a pad in underneath, in this way.

There is another point which I have run against here, in making my incision. I have gone a little bit too low, as far as the bladder is concerned. You want to start the incision above the top of the bladder, because it is difficult to control the bleeding where the bladder is reflected. We had one case of infection

among these cases of Cæsarean section, from letting the uterus lie against the bladder wall; so we have to be careful.

We have been accustomed to sew up the mucous membrane. Whether this is necessary or not, I do not know; but by keeping it together, you seem to get a little better result than by just putting in the heavy sutures.

The cervix is dilated up to two fingers, so we need not bother about any drainage. These are really the holding sutures.

We had the opportunity of seeing one of these cases after two or three years. She came in with an ovarian tumor, and it was remarkable to see the wound in the uterus. There was nothing but a narrow white line, which, unless you knew it had been there, you would hardly have noticed. It seems as if some day this operation is going to be much more frequently done than now. This is a much easier method of delivering than other procedures.

I did have one case in which I went too far down. The patient had a hematoma; and it interfered with the convalescence, although she eventually got well. Here I think I have controlled the bleeding all right.

The uterus is commencing to look pretty normal now. It ought to get whiter, and I think it is going to do so. It is beginning to show the contraction that will make her feel comfortable when she gets about.

This is merely to bring the peritoneum over the last suture and get it in apposition, so that it may heal more readily. By running a continuous suture across, this may be done.

The uterus looks pretty well now. It is blanching out, and shows the tendency to contraction which we want. It lies nicely when the omentum drops down behind; so that when the uterus contracts down, we shall not get the contraction which we sometimes get, when the omentum is adherent, by going in front. I will sew this up with the silk, so that it will not get out of position. It seems to give as good a hold as if we had gone down lower.



FIG. 1.—Sayre dressing as modified by Collins.



FIG. 2.—A different view of Fig. 1.



FIG. 3.—Bellamy's dressing of fractured clavicle.



FIG. 4.—A different view of Fig. 3.



FIG. 5.—Dr. Fayette Taylor's dressing of fractured clavicle.



FIG. 6.—Another view of Fig. 5, showing the characteristic pad.

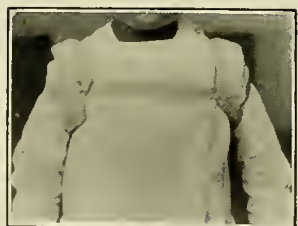


FIG. 7.—Doctor Peckham's mode of dressing in fracture of the clavicle.



FIG. 8.—The rear view of Peckham dressing.

SUGGESTIONS REGARDING THE TREATMENT OF FRACTURE
OF THE CLAVICLE.*Willis E. Hartshorn, M.D.*

The treatment for fracture of the clavicle by means of the Sayres dressing on the surgical service at the New Haven Dispensary having proved unsatisfactory in many respects, an attempt is being made to secure splinting more comfortable for the patient during treatment, and at the same time capable of really reducing the fracture. With the ordinary adhesive plaster dressing it was found impossible to reduce the deformity without applying the plaster so tightly as to render the patient very uncomfortable and to endanger the circulation. The typical deformity is downward, forward and inward. In applying the Sayres dressing the dorsal position with a pad between the shoulders is the most satisfactory. In our efforts to improve on this application the use of the Collins method was first attempted. Here lacing is inserted in the adhesive strips of the Sayres dressing, thus making it adjustable, and mole-skin plaster is employed instead of the ordinary zinc oxide. The results, however, were not very satisfactory, as the dressing had to be frequently renewed, especially in adults. The next method tried was that of Bellamy. This is an adhesive plaster dressing which pulls dorsally from the tip of the shoulder rather than from the arm and has this very important advantage over the Sayres.

It was, however, early determined that it was very essential to eliminate adhesive plaster and substitute some other mechanical means of drawing the shoulder back, which could be applied over the clothing and which would not be irritating to the skin, and gradually slip, as do the various forms of plaster.

In looking over the literature on the subject for the past ten years, two dressings were selected which seemed to accomplish this purpose, that of C. Fayette Taylor of New York, recommended to the writer by Dr. A. A. Crane of Waterbury, who has had a wide experience in its use, and that of F. E. Peckham of Providence. Both of these appliances have been used during

the past winter at the New Haven Dispensary with considerable satisfaction. The Taylor splint comes in two sizes, one for adults and one for children. It consists of a dorsal pad of leather connected anteriorly by means of straps with an adjustable metal strip of aluminum, the ends of which rest on the coracoid processes right and left. The Peckham shoulder brace is made with padded cloth bands encircling the shoulders at the axilla and connected front and rear by means of straps.

All the dressings employed at the Dispensary are fully described in the references appended.

REFERENCES.

1. Bellamy, Russell. "Two New Dressings for Fracture of the Clavicle." N. Y. Medical Journal, April 13, 1907.
2. Collins, H. D. "A Dressing for Fracture of the Clavicle." Annals of Surgery, Jan., 1912.
3. Peckham, F. E. "Treatment of Fracture of the Clavicle." Boston Medical and Surgical Journal, May 23, 1912.
4. Taylor, H. L. "A New Clavicle Splint." Pediatrics, Dec., 1899.
5. Leland, J. T. "A Splint for Fracture of the Clavicle." The Journal-Lancet, Feb. 15, 1913.
6. Hessert, William. "Fracture of the Clavicle." Surg., Gyn., Obs., Feb., 1910.
7. Brunwall, J. B. "Fracture of the Clavicle." N. Y. Journal and Lancet, Oct. 15, 1910.
8. Nydigger, J. A. "A Modified Apparatus for Fracture of the Clavicle." J. A. M. A., July 30, 1909.
9. Bellanton, R. "Correct Treatment of Fractured Clavicle." N. Y. Medical Journal, April 13, 1907.

THE NOGUCHI LUTIN REACTION IN SYPHILIS.

Dr. J. B. Sullivan.

Stimulated by Von Pirquet's demonstration of the cutaneous reaction in tuberculosis, numerous investigators attempted to obtain a similar reaction in syphilis by applying extracts of syphilitic tissues to the skin of luetic individuals. Noguchi states that Neisser and Bruch showed that a reaction similar to that obtained

with luetic extracts could be obtained, also with concentrated extract of normal liver. This peculiar susceptibility of the skin of chronic syphilitics to any form of chemical irritation was designated by Neisser as the state of "Umstimmen." Despite his discouraging results Neisser expressed the hope that the reaction might be improved by the employment of the specific organism of syphilis free from organic constituents. Improvement along these lines was made possible subsequently by the successful cultivation of *Treponema Pallidum* in pure cultures by Noguchi.

PREPARATION OF LUETIN.

Noguchi describes the preparation of his luetin as follows:—Pure culture of several strains of the pallidum are allowed to grow for periods of six, twenty-four and fifty days at 37 c. under anærobic conditions. One set is cultivated in ascitic fluid containing a piece of sterile placenta and the other in ascitic fluid agar also containing placenta. The lower portion of each solid culture in which a dense growth has occurred is cut out and the tissues removed. The agar columns which contain innumerable spirochetæ are then carefully ground in a sterile mortar. The resulting thick paste is gradually diluted by adding little by little the fluid culture which also contains an enormous mass of the pure organisms. The dilution is continued until the emulsion becomes perfectly liquid. The preparation is next heated to 60 c. for thirty minutes in a water bath and 5 per cent. trikresol added. When examined under the dark field microscope numerous dead pallida per field may be seen. Cultures made from this suspension remain sterile and with it no infection can be produced in the testicles of rabbits. The suspension is kept in a refrigerator when not in use.

APPLYING THE TEST.

Just about a year ago Professor Flint received some luetin from Dr. Noguchi to apply the test. We are reporting fifty-five cases, those we are able to follow long enough to make a reading. We injected more than twice this number but some

did not report again or often enough to make a correct reading. With the exception of four they have all been dispensary cases. The technique recommended by Noguchi was carefully followed in applying the tests. The luetin was thoroughly shaken, the desired amount withdrawn and shaken with twice the amount of sterile salt solution. The arm was cleansed. Tuberculin syringes fitted with fine needles were used; .07 c.c. of the diluted luetin was injected intradermically into the skin of the arm. Care was taken so that the inoculations were made very superficially so as just to raise the epidermis. On the first of our cases were used a control emulsion prepared so as to have the same consistency as the luetin, but this was later discarded on the advice of Noguchi.

CHARACTER OF REACTIONS.

It was noted that injections of both luetin and control produced a circumscribed elevated blanched swelling about four mm. in diameter; similar in appearance to the lesion produced by the bite of an insect in certain persons. This local swelling entirely disappears in a half hour or so. In the positive after twenty-four hours there usually is observed more or less inflammatory action at the luetin site, manifested by a distinct circumscribed indurated bright red papule. This papule may be surrounded by a hyperæmic areola. The control may be identical except for the induration. But usually there is no, or practically no, reaction at the site of the control. At the end of forty-eight hours the luetin reaction has become larger and more indurated. This marked inflammatory reaction occurs more commonly between the fourth and seventh day. The control papule when present begins to fade in twenty-four hours and has usually disappeared in three days.

From the second to the seventh day the luetin reaction becomes progressively more intensive. The center of the papule may become boggy and deep purplish red in color and the lesions may be surrounded by an erythematous blush.

Two of our patients reported pain and in one case the arm was quite swollen for twenty-four hours. The papular form of

reaction begins to fade about the seventh day, coincidently with which desquamation of the epidermis over the papule and in the more intense reactions for the area around it occur. The induration remains for several days after the inflammatory signs have disappeared and its subsidence is followed in turn by an area of bluish discoloration which persists in many cases from two to four days. There are then two different types of a positive reaction, the papular and the pustular. The pustular form begins as papular but goes on to this stage. The pustular may resolve itself or may rupture or may be ruptured by the patient. This pustular type is said to bear a definite relation to the treatment instituted. Besides these two types there is a delayed action or the dormant type. This comes on ten or fifteen days after inoculation. We have had two delayed reactions. We have had eight of the pustular type, three of which have ruptured and one which rapidly resolved after salvarsan was administered. All of our pustular type occurred in cases which were being actively treated or had strong treatment at some time during the disease.

THE CAUSES OF THE REACTION.

The reaction depends upon the production of that peculiar state known as allergy, anaphylaxis or Theobald Smith phenomenon about which so much has been written in the last few years. Allergy is the state of reactivity of the system of individuals characterized by a specific hypersensitiveness to the protein content of certain pathogenic organisms, serums, foods, etc., after they have become sensitized. This sensitization develops only when a certain time has elapsed between the introduction of the foreign protein and the first inoculation. Some of the best examples of the allergic phenomenon are the symptoms of intoxication which sometimes ensue upon the second injection of diphtheria antitoxin, Koch's tuberculin, Von Pirquet's test, the Mallin test or Vaccinia, etc.

Of the twenty-two cases which we selected as controls, that is those who gave no history of lues and were being treated

for some other illness, all gave no reactions but one. This man denied lues, but he had gonorrhœa several times and was being treated at that time for this. He was a drunkard and his statement might be disregarded. This positive case is not to be wondered at when we see so many cases of late syphilis and parasyphilis who honestly give no history of luetic infection. Our findings in the control cases are in accord with numerous others, that it is a specific test, that is, that non-syphilitics do not give a positive reaction. Of the four inherited cases two gave a positive reaction and two gave a negative test. In one case the Wasserman was also positive, in one other the Wasserman was negative and in the other two the Wasserman was not done but in one of these the mother gave a XXX Wasserman. Of the three tabetic cases two gave both a positive luetin and positive Wasserman. In the negative case the Wasserman was not done. In this there was no history of lues but the diagnosis was confirmed by Dr. Mailhouse.

Of the three cases of tertiary syphilis all gave positive Wasserman and positive luetin.

Of the eleven cases of secondary syphilis nine gave a positive luetin and two negative tests. In the other two negative cases one gave a positive Wasserman and the other a negative Wasserman.

Of the twelve cases of latent or healed syphilis, eight gave positive luetin and four negative. Of these four negative cases the Wasserman was strongly positive in two and negative in two. Of the eight positive luetin cases the Wasserman was positive in three cases, negative in two, three showed slight inhibition and not done in one. In one of the other the Wasserman was also negative and in the other two the Wasserman was not done.

Noguchi reports 100 per cent. of positive reaction in inherited lues. This is not borne out by our cases nor by others. Martin Cohen reports out of 20 cases of interstitial keratitis, 11 positive luetin, 12 positive Wasserman. Out of 60 eye cases, 36 positive luetin, 28 positive Wasserman. Dr. Jessie Fisher reports out of 154 cases, 82 gave a X luetin, 68 a X Wasserman and 108

out of 154 cases gave a positive test for syphilis. In dementia paralytica 21 cases, 21 gave a X Wasserman, 13 a X luetin.

I have examined the statistics of about seven hundred cases from eight authors and I find, including our own cases, that luetin is first, a specific test; second, it is harmless; third, a valuable and simple test in treated secondary latent tertiary parasymphilis, and inherited syphilis. I believe it to give a larger number of positive tests than the Wasserman in these kinds of cases. As to the claim of Noguchi, that a positive luetin means an uncured case of syphilis, we are yet unable to say. I feel sure that the luetin in a few cases has helped to a correct diagnosis.

I would like to show five cases, four showing a positive reaction and one a negative. The first is a pustular type of reaction. This woman was injected eight days ago. About two years ago she had an initial lesion of the breast from nursing a neighbor's child. We saw her six months ago and the Wasserman was positive. She has had four injections of Salvarsan and strong mercurial treatment. Thereafter the Wasserman has been four times negative, but now the luetin is still strongly positive, which means that she still has uncured lues.

The second is a papular type of reaction and was injected two weeks ago. At the end of two weeks you would expect the reaction to be pretty well gone, but you can see that it is distinctly red and a little purplish around the periphery. Note that it is indurated. This man has a specific periostitis. His Wasserman is also positive. The third is a papular, almost pustular type of reaction. He was injected three weeks ago. He came to the dispensary with a lesion of the soft palate which most of us thought was malignant; but we noticed that he had a perforated septum. The Wasserman was triple positive. After this Salvarsan and strong mercurial treatment was given. Now you can notice the scales still present with blue discoloration.

The fourth case is that of a baby who came to the children's clinic for ulcers about the rectum. The X-ray showed osteitis and periostitis of the metatarsal bones. We could not find

spirochetæ but the mother's Wasserman reaction was triple positive. This was injected fifteen days ago. Note the blue discoloration and slight scale.

The fifth is a negative reaction. This is the mother of the baby and whose Wasserman was triple positive. Note that there is absolutely no reaction.

Thursday, May 21, 2.30 P. M., at New Haven
Hospital, Cedar Street.

Demonstrations and Clinics given under the direction of the
Department of Medicine.

CASE OF CHARCOT JOINT AND TABES—EXHIBIT OF
CASE OF FACIAL HEMIATROPHY.

Max Mailhouse, M.D.

I am going to show you, first, a case of tabes with Charcot joint and the X-ray picture. He had the usual history of miscarriages in his family, following an early initial lesion and the early symptoms of pains and of instability when not watching his feet; also inability to stand with his eyes closed, the Argyll-Robertson pupil, and the usual course of the disease as seen in many of these cases. He has had attacks of hypotonia, sudden giving way of his lower extremities; and also, on account of the hypotonia, undoubtedly, the ligaments and muscles which support the knee joint relax and allow the knee joint to become the subject of traumatism from over-stretching and over-bending, unaccompanied by pain as is so common in these cases.

The man has been a patient in the hospital before. He wears a brace to support the joint. I have had Dr. Bergman, who does our X-ray work in the hospital, take some pictures. One is a lateral view of the knee joint; the other two are antero-posterior views. We get the characteristic phenomenon of erosion of cartilage and of bone; also one of the epicondyles is broken off, partly due to the trophic disturbance, and partly to the fragility of the bone that is so common in these cases, the Haversian canals becoming dilated, and the compact bony structures becoming thin and brittle.

Now we see the characteristic deformity. The epicondyle is here. There is a very characteristic deformity, the details of which will be shown in the picture. We have an added deformity of the foot, which we sometimes see in these cases; there is a tendency towards what ultimately becomes club-foot, of one type or another. You see a tendency to a talipes valgus, but the joint is a very loose one. These muscles are wasted from disuse.

You notice how this knee joint falls back when the patient stands, as many of these cases of tabes do from hypotonia and relaxation of the ligaments. When the eyes are closed, there is a pretty well-marked Romberg sign.

Here are the X-ray pictures. You see the erosion of the cartilage and bone at the head of the tibia and on the sides of the condyles; it is very well illustrated in this picture. Here is the erosion. I will pass these around, and you can look at them. Here also is erosion of the cartilage and bone. The head of the tibia here is eroded.

The knee is the most commonly involved joint, and the ankle next. One of the pictures was a lateral view.

This is the case of progressive facial hemiatrophy. Some of you may have seen the picture of this man in Starr's work. It is a rare disease, and usually occurs between the ages of ten and twenty years. This gentleman, who has been good enough to come up this afternoon to exhibit himself, started in at the age of eighteen or eighteen and a half, with some discolored spots—the manner in which it frequently begins—on his face. The discoloration was from half an inch to an inch in diameter; gradually atrophy set in, with some twitching of and pain in the facial muscles. The atrophy involved skin, subcutaneous cellular tissue, muscles and bone.

You see the characteristic ridge here, in the median line, between the atrophied and the healthy area. This man, at the time of the onset of the illness, was driving a milk route. He later became a baker. His family history is entirely negative, and there is nothing at all neurotic in the family. There was considerable pain at the onset of the illness, which is decidedly unusual; and then the atrophy began. There is nothing specific

in the case. The face is atrophied. You see that the lower jaw is markedly atrophied, the malar bone also; and the atrophy involves the muscles below. There is a sinking in here. There is no beard on the right side of the face, thus showing the involvement of the appendages of the skin. There is a slight gray beard on the other side of the face. You can see how well the beard grows on the left side of the face, and the entire atrophy of the hair follicles on the right side. His mouth has been drawn to the right by the atrophy.

Another phenomenon in connection with the disease is that the patient can move his jaw to the left, but not to the right. I think that is due to the atrophy and the interference with movements on the right side. He also had some prominence of the eyeball when first seen; he had a dilated pupil on that side, which failed to react either to light or in accommodation. The hair on his scalp was gray on the right and was falling out in patches. There were no tabetic phenomena, and no changes of any kind in sensation.

The muscles react to faradism and galvanism, although greatly atrophied. This resembles the state of affairs from muscular dystrophy, rather than muscular atrophy. There is some tremor; also pain along the border of the jaw.

In 1905, six years after the onset of the disease, he developed some clouding of the cornea on that side, and a glaucoma; and Dr. Alling removed the eye. In addition to the phenomena already exhibited, there was marked atrophy of the right half of the tongue—very marked atrophy. There is atrophy, also, of the soft palate, more marked on the right side.

The pathology of this disease is unknown. I will speak of that in a few minutes. He has no difficulty in swallowing. There was a complaint of some diminution in gustatory sense.

With reference to the pathology of this disease, it is, as I have said, unknown. The disease was originally classified among the trophic disturbances in works on neurology. Starr now classifies it under fifth-nerve affections, although he says that there is no pathology, because it has a trigeminal trophic distribution. I think, however, that there is more than that in this case, because

of the hemiatrophy of the tongue and of some atrophy of the soft palate, which indicate a wider range of involvement than of areas supplied by the fifth nerve.

Also notice the size of his right hand, as compared with his left. It is much larger. Compare it with mine. There is considerable difference in size. It is a question whether there may not be some pituitary disturbance here. The right side of the chest is different from the left, also. He is flatter here than there. He has pretty good-sized hands. There may not be anything to it, but there is enough to create suspicion. It is possible that it may be one of those cases of dispituitarism. There is a little abnormality sexually. The shoes are no larger than before. In regard to the statement with reference to his hands, I would say that we do not really know. We have to take him as we see him. I say that on account of the next patient, whom Dr. Osborne has to present—a case of acromegaly. It is a typical case, in which the man has not presented a single symptom. He was seen, not because he was ailing. He comes here to accommodate us. It is a case of acromegaly without any cerebral symptoms of any kind.

EXHIBIT OF CASES OF ACROMEGALY.

Oliver T. Osborne, M.D.

Before showing you an acromegaly patient and a skeleton of an acromegaly case, I will show you a patient who has myxedema, in order that the gross differences between the two diseases may be more evident.

This woman has been in the hospital for four months, and on entering the hospital presented the symptoms and signs of a very marked case of this glandular disturbance. She was fat, flabby, mentally stupid, had no hair on her head, and showed all other signs of this disease with which you are familiar. She received thyroid extract up to twenty-five grains a day. This amount she took for a time, until on account of palpitation the amount was reduced to ten grains a day. This was again

increased to fifteen grains, which amount she is now taking. She occasionally has attacks of tachycardia and the dose must be temporarily reduced; but she has become mentally alert, the superabundance of fat and myxedema have disappeared, and the hair on her head has begun to grow.

In passing, I might say that this woman required an unusually large amount of thyroid, and one would almost suspect that the thyroid powder or tablets fed was not as active as it should be. The variability of thyroid substance is great, and it is many times advisable to give a little iodine coincidentally with the thyroid treatment. This extra iodine will activate an otherwise inert thyroid. The largest amount of the thyroid used in this country probably comes from Armour's laboratories, either directly or indirectly, and the amount required to supply the demand is now simply enormous. Consequently, they must use all the thyroids they can obtain, and the activity of the thyroid varies with the time of year, the region from which the animals come, and on the condition of the animals. Therefore, as just stated, it is frequently best to give a little iodine coincidentally with the thyroid, and one then need not administer as much thyroid.

Dr. Mailhouse has kindly requested this patient who has acromegaly to come here for demonstration. This man has no serious symptoms, and his family does not recognize that there is anything the matter with him. The main indication that he has acromegaly is the growth of his hands. The hand is perfectly typical of the disease, and if it was thrust through a screen and was the only part of the body that could be seen it would be readily diagnosed as an acromegalic hand. The size, the thickness of the soft tissues, the sausage-shaped fingers with the finger nails not enlarged are absolutely typical, and the hand is typically different from the enlarged hand of osteoarthropathy, which latter disease is generally due to a disturbance in the chest. This patient is in pretty good condition. He has no symptoms of pituitary pressure, and no eye symptoms (although I do not know that the eye-grounds have been examined). He does not have the terrible headache that most of these patients

have, his feet have not enlarged, his lower jaw is not markedly enlarged, there is no prognathism, and the hypertrophy of the skin of his face is not great. In other words, the hypersecretion of the pituitary which caused the typical growth of his hands has apparently ceased. He has a kyphosis which is perfectly typical of this disease, and which means that the cartilages between the vertebræ grow and ossify irregularly, the cartilages becoming thickened and bony and throwing the vertebræ out of alignment, almost always with kyphosis, sometimes with scoliosis and lordosis. This man's lower jaw is slightly enlarged, but the teeth are in line, and there is no prognathism, which is generally caused in these cases by deposits of bone in the glenoid cavities which force the jaw forward.

The hypertrophy of the soft tissues, especially of the skin, typical in acromegaly, occurs probably in conjunction with the disturbed secretion of the thyroid; in other words, the thyroid is always disturbed in cases of acromegaly, and generally under-secreting. The skin is likely to become more hairy, and there may be warty growths, which occur irregularly over the body. When eye symptoms occur they are due to pressure of the pituitary body in the sella turcica. Just how much pressure there will be on the optic commissure depends upon the clinoid process. These bony processes may be so situated as to prevent much pressure on the optic commissure, but allow of considerable lateral pressure. In such cases ringing in the ears will be a constant symptom. There is almost invariably headache, often vertical.

This man is forty years of age, and states that his father is a very large man, that his mother is a small woman, and his only brother is a man of ordinary size.

There has been no recent examination of this man's urine, so that whether or not he has a glycosuria is not known. It is a common symptom of acromegaly, and may occur at any stage of the disease.

The pituitary as a gland has three parts, the anterior the largest part, the middle not amounting to much, and the posterior portion. If the anterior lobe is removed from an animal, the

animal dies in a few days; if a portion of the anterior lobe is left, the animal lives. If the anterior part of the gland hypersecreted we have an increase in bone growth. If this hypersecretion begins when the human animal is young, before the hypophyses have united with the long bones by bony structure, the patient has a symmetrical growth and becomes a giant. If the hypersecretion of the anterior lobe of the pituitary begins after the age of twenty-three or twenty-four, then instead of the shafts of the long bones lengthening we have bony deposits at the ends of the long bones and an irregular growth, with large hands and feet, large joints, arms longer than relatively they should be to the body, a projection forward of the lower jaw, spinal deformity, and the patient assumes the gorilla type.

I here present you with an acromegalic skeleton of a once patient of mine who had this disease very typically. I also show you a normal skeleton, that the difference between the acromegalic skeleton and what is normal will be more evident. I also will pass around a number of photographs and skio-graphs of the case which this skeleton represents. You will note that the cartilage of the spine has become entirely ossified, with great deformities. You will note that on the terminal phalanges of some of the fingers and toes little foramina have formed. This is due to an outgrowth of new bone. The photograph of the hand of this case you will see is similar to the hand of the patient whom I just presented to you. You will note in this skeleton the abnormal height, the kyphosis, and the lordosis. You will also note that the cartilages of the ribs have become completely ossified. The cartilages of his ears were also ossified.

Hyposecretion or under-secretion of the anterior lobe of the pituitary causes mental deterioration and gradually decreased bone growth. The skin will be more or less doughy, but not as much as when there is subsecretion of the posterior lobe. In insufficient secretion of the posterior lobe there is also more or less mental apathy and mental disturbance.

We do not know a great deal about the symptoms of hypersecretion of the posterior lobe; in hyposecretion, however, the

child becomes obese and the skin is doughy, as I have just described. But the most interesting condition due to insufficient secretion of the posterior lobe is an enormously increased carbohydrate metabolism. There is a very large tolerance for starches and sugars in every case.

With disturbances of the hypophysis or pituitary body there is generally more or less genital deterioration, loss of sexual power, and if the disturbance of the pituitary occurs in childhood, the genitals remain of the infantile type. This is distinct from a disturbance of the suprarenal secretion. When the suprarenal secretion is increased in childhood the genitals grow rapidly, and even a child will present genitals of the adult type.

To return to acromegaly, these patients almost all show pituitary pressure, and sometimes the pressure in the head is sufficient to cause continuous headache and is likely to cause permanent loss of eyesight, more or less complete, and even may cause convulsions and insanity. Consequently, when it is decided that the disturbance is due to pressure, decompression is now done, sometimes with great relief.

Frequently the feeding of pituitary seems to do a great deal of good. I have seen patients have their chronic headache entirely disappear under such treatment, showing either that the headache was toxic and the treatment counteracted such toxemia: or, on the other hand, a headache may be due to insufficient blood-pressure in the brain, and the pituitary which increases the blood-pressure causes a cessation of the headache from this action. Sometimes increasing abdominal pressure in low pressure cases by tight abdominal bandages has prevented these headaches. A patient with such a kind of headache has it cease on lying down.

The value of the feeding of large amounts of pituitary substance and of increasing the abdominal pressure by bandage has been shown in a patient in New Haven who is under treatment by myself and Dr. Cushing of Harvard.

With pituitary disturbance there is likely to occur sclerosis of the blood-vessels, due either to such pituitary disturbance or to sub-thyroid secretion, and it will be remembered that these

two glands become apparently coincidentally disturbed and are more or less coöperative, and if one is seriously disturbed, the other is also likely to be seriously disturbed.

You know the action of pituitary if we administer it, namely, it causes more or less increased blood-pressure, which lasts very much longer than the increase of blood-pressure caused by suprarenal. There is cardiac stimulation, and a marked diuretic effect. Also pituitary increases uterine contractions and uterine tone, provided the uterus is dilated. If too much pituitary is given, we may cause respiratory failure; therefore I am a little astonished at the tolerance of some patients to such enormous doses when given by the stomach. It is quite possible that considerable activity of the pituitary, when given by the stomach, is inert. This is true when suprarenal is fed. In other words, the blood-pressure activity of suprarenal is never in evidence when the suprarenal is given by the stomach. Thyroid activity is perfect when fed by the stomach; in other words, its action is not inert.

The number of years an acromegalic patient will live may be stated roughly as from ten to twenty-five, and if they die normally, they die from circulatory weakness and cardiac failure. There is progressive cardiac debility, with more or less arterial degeneration. The heart in the early stages enormously hypertrophies, and the patient who is represented by this skeleton had an enormous heart, the third or fourth largest on record at the time that the autopsy was made. At the time this case was first described he represented the third in America and the eighth in literature. Since that time there have been several hundred placed on record, and probably in almost every community one or more cases will be discovered. Personally, I have had ten cases of acromegaly as my own patients, and have seen many others in hospitals in different cities.

Other treatment of such cases, besides the feeding of pituitary when it seems to be indicated by hyposecretion of this gland, is simply that of tonics. There is no curative treatment as far as we know. If a patient is discovered with this disease in the hypersecreting condition, operative interference has been shown

to be of value by Professor Cushing. He has done most wonderful pituitary work, and he and his co-workers have done most valuable laboratory work in connection with this gland and this disease.

As previously stated, the interrelation of the internal secreting glands is most interesting. This patient had an atrophied thyroid, at least as far as the glandular tissue was concerned. He also had a supernumerary thyroid gland in the upper part of the thorax, located in the region of the thymus. This gland was determined by pathologists to be embryonic thyroid and not thymus gland, and iodine was obtained in the chemical examination of this gland.

EXHIBIT OF INTERESTING MEDICAL CASES.

Wilder Tileston, M.D.

Gentlemen of the Connecticut State Medical Society: There have been, in recent years, a number of ingenious methods devised for the accurate estimation of various substances in the blood. These promise to add materially to our knowledge of both the theory of disease and of diagnosis. Among them may be mentioned the method for the estimation of cholesterol, which has revealed important facts regarding gall-stones; that for the estimation of the sugar in the blood, which has shown that in diabetes there is an excess of sugar in the blood, which may persist even after the urine has become sugar-free; the method for the estimation of uric acid, which promises to be of value in the diagnosis of gout from other conditions; and lastly, the estimation of the non-protein nitrogen and the urea.

The method employed in our work was that of Folin and Denis. It requires 5 c.c. of blood, which is drawn from a vein by means of a needle and syringe. Whole blood is used for the analysis, clotting being prevented by the addition of a little potassium oxalate.

Dr. C. W. Comfort, Jr., and I have studied over one hundred cases in the hospital, and have found, in health, the same figures as Folin: for the non-protein nitrogen, 26-27 mgm. in 100 c.c.

of blood; and for urea, one-half of that amount. In disease, the proportion of urea to nitrogen rises, but is quite variable; so to-day I will call your attention only to the non-protein nitrogen, neglecting the urea.

The diet has some effect on the amount of non-protein nitrogen in health, but not a very large one; the average rise after a full meal of meat being only 3 mgm. above the amount after a twelve-hours' fast. With disease of the kidney the effect of diet may be somewhat greater, and we may find a considerable increase in the non-protein nitrogen on a diet rich in proteins, or a marked drop after a period of protein-poor diet. The chief interest in the method centers in nephritis and other diseases of the kidney.

We have examined a considerable number of such cases, and find that in chronic interstitial nephritis the figures run from normal (23-27 mgm.) up to ten times the normal amount. A marked increase indicates renal insufficiency, and figures of 90 mg. or over point to uremia. Here is a case with 324 mgm. In the first place, we noticed that there is no relation between the height of the blood pressure and the amount of nitrogen.

Case 8 shows the effect of diet on the total nitrogen. The patient had interstitial nephritis with gall-stone disease. There were 56 mgm. of non-protein nitrogen, which is double the normal. After a few days of low protein diet, it sank to 24 mgm. On the next chart, there are cases of chronic interstitial nephritis with high nitrogen. This patient is still in the hospital with slight symptoms of uremia. All the others have died of uremia within a short time after the analyses were made. Here is one with 189 mgm. This patient died two days after the last examination. The duration of life, after these very high figures are found is a matter, as a rule, of only weeks or days.

Of chronic diffuse nephritis there are only two cases. One showed normal nitrogen on two occasions, one month apart, with no signs of renal insufficiency but marked edema and high albuminuria. The next showed chronic diffuse nephritis with much albumin and casts, and some edema. Occasional headache

and nausea were present—slight symptoms of chronic uremia, you might say. At entrance, in January, there were 55 mgm. of nitrogen, which was not very alarming, although rather high. A month later, he had 67 mgm. Then he went out of the hospital. He returned, a couple of weeks ago, with 141 mgm.—a uremic figure. He died this morning of uremia, five days after that blood examination; and the autopsy showed secondary contracted kidneys.

To sum up, in nephritis we have found all figures, from normal to ten times the normal. The cases of uremia, without exception, have shown high figures; and no case that has shown a high figure has lived more than a few weeks. Some cases of uremia with normal nitrogen figures have been reported by other writers, but these cases must be the exception, for neither Folin nor we have met with them.

One case of amyloid disease showed only 4 mgm. over the normal limit. Here are a few more diseases of the kidneys:

Chronic passive congestion showed normal or moderated elevated figures.

There was a case of hypernephroma, with the kidney almost entirely replaced by tumor growth. It showed practically normal figures; the other kidney had taken up the function perfectly well.

These two cases were cases of stricture of the urethra of long standing with terminal infection; and both showed high figures. This case came to autopsy, and showed gangrene of the bladder, extravasation of urine and purulent pyelitis; so there was ample ground to assume that the function of the kidney would be abnormal.

The nitrogen estimation promises to be of value in hypertrophy of the prostate, where operation is considered. There is often retention of urine, which injures the kidney function and causes more or less retention of nitrogen in the blood. Such a case we have here. A man, seventy-seven years of age, with a total nitrogen of 49. On a low protein diet, the nitrogen was reduced to 30 mgm. At that point, he was operated on, and made a good recovery. Another case that showed the

same figure was operated on and died. That may have been merely a coincidence, but it is rather suggestive. A third case, not on the chart, of cancer of the bladder, came in with a total nitrogen of 60 mgm., which went to 100, and he died soon after operation; so that the test promises to be of value in showing what cases will be good operative risks. Probably anyone showing as high as 75 mgm. would be a doubtful case for operation.

Let us consider next the complications of pregnancy. In puerperal eclampsia, the symptoms suggest uremia. You have convulsions with a large amount of albumin and casts in the urine, and the condition has been considered by some to be identical with uremia. Our figures show no relation between the two. We have four cases of eclampsia, three normal, and the other only moderately elevated (40 mgm.). Cases of uremia have all shown over 90 mgm. One of these eclamptic cases was very severe but recovered, and one died. A case of threatened eclampsia, which did not actually occur, showed normal figures; and a case of nephritis of pregnancy with a large amount of edema, etc., showed a moderate elevation, 38 mgm. A case of vomiting of pregnancy also showed normal figures.

Several of these cases of uremia have been clinically quite obscure; so we could not make the diagnosis before the blood was examined and the phthalein test was made. The results of the phenolsulphonephthalein test and the nitrogen in the blood have agreed fairly well, especially as regards uremia. Here is one autopsied to-day, which showed five per cent. of phthalein in January; and a few weeks ago, zero, or no excretion whatever. All these other cases of marked uremia showed either zero or less than one per cent.

In lead poisoning, we found, in all cases, increased nitrogen—the lowest being 35 mgm. and the highest 99 mgm. The latter was a painter, who died soon after the examination, of uremia. This shows how injurious the influence of lead is on the kidneys. Two of these cases were in their first attack of lead colic, and already showed signs of considerable damage to the kidneys.

In acute intestinal obstruction, we found a very great elevation of the non-protein nitrogen; and this is the only disease not of the kidneys that has shown a marked increase. Case No. 38 is the most interesting. This man had 150 mgm. of nitrogen, and recovered, the nitrogen becoming perfectly normal. It was a case of paralytic ileus due to paralysis of the bowel following prostatectomy.

Case 37 was an acute obstruction due to a band. Although the obstruction was relieved, there were 92 mgm. of nitrogen in the blood; and the patient died, ten days later, with 169 mgm. The other case was already recovering from a paralytic ileus when the blood was examined, and showed 76 mgm. Her nitrogen came down to normal after recovery. Exactly the reason for this enormous heaping up of waste products in the blood in intestinal obstruction, we do not know. It is probably due to a combination of causes.

As a contrast to these cases, I have here a case of simple constipation, which shows normal figures.

In the acute infectious diseases, we found a moderate increase; particularly in pneumonia. We found in that disease as high as 50 mgm. at the height of the disease, but there was no relation between the nitrogen and the severity of the infection. Therefore, it has no value in the prognosis of pneumonia.

In syphilis, we found, as did Folin, a considerable increase in about half the cases, indicating that the kidneys are more often affected by syphilis than has been hitherto supposed. The figures were not very high, not more than 40 to 55 mgm.

The value of this method from the standpoint of diagnosis is very apparent. Many cases of chronic uremia are difficult to diagnose. It is usually easy to diagnose it as soon as the patients develop convulsions and coma; but when they are suffering merely from indigestion and headache, it may be impossible to make an accurate diagnosis without examination of the blood. The phenolsulphonephthalein test gives useful information, but seems less valuable in this connection than the blood analysis.

Its prognostic value is also very apparent. In no case in which we found more than 100 mgm. has the patient lived more than a few weeks; and many lived only a few days. We had no chance to study cases of acute nephritis, but we would expect to find considerable retention of nitrogen; that would not be incompatible with life, provided that the condition were temporary. It is also a useful guide to the diet in nephritis. A patient who has not an increased amount of nitrogen in the blood does not need much restriction of protein in the diet. On the other hand, a patient with as much as 50 mgm. should have the protein reduced, so that the total nitrogen may return as near as possible to normal.

REMARKS ON PERICARDITIS.

George Blumer, M.D.

Mr. President and Members of the Society: As the patients I was to show you have disappointed me, I will take up a brief amount of time in speaking of some points that have come up in our experience with pericarditis this year, especially pericarditis with effusion.

The first point that I want to speak of is the peculiar fact that while most inflammations of the serous membranes are associated with a considerable amount of pain, pericarditis is often almost without pain. In fact, James Mackenzie goes so far as to say that pericarditis is always without pain; and that when pain is present, it is an indication that there is also disease of the heart muscle or of the coronary arteries. Three or four cases of pericarditis with effusion have been treated in the hospital during the past three or four months. One came in complaining directly of pain. One made no complaint; and the other two complained of discomfort in the region of the heart, but not of actual pain. This fact is one of the things that accounts for the frequency with which pericarditis is overlooked. It is recognized, in many cases, only on the autopsy table. In many cases, it is a terminal event; but it is often found unex-

pectedly in routine examinations, and it is only when these are not carried out that it is missed so frequently.

The second group of points that I wish to bring out relate to the physical signs of pericarditis, especially pericarditis with effusion. If we accept the statements of many of the textbooks, we would expect, for example, that in a case of pericarditis with any degree of effusion, the apex impulse of the heart would disappear or be extremely feeble. We have had in the hospital, this year, two or three cases in which the presence of effusion was proved by tapping and in which the apex impulse did not disappear, but was perfectly visible and palpable; so that the first point that I would make is that the mere presence of the apex impulse does not rule out pericarditis with effusion.

The second point in this group relates to the signs that have been emphasized particularly by Rotch, of Boston: the appearance of dullness in the fifth interspace, to the right of the sternum, and the change in the cardio-hepatic angle. If you percuss out a normal heart dullness and the liver dullness, you should get an angle, roughly speaking, of ninety degrees, or a right angle. The two percussion lines should make such an angle. Rotch points out that, in pericarditis with effusion on account of the effusion accumulating at the base of the heart, this becomes an obtuse angle. He claims that in the majority of cases of pericarditis the fluid accumulates at the base of the heart; so he recommends the fifth interspace, at the right of the sternum, as the point of election for paracentesis. In two of the four cases that we had here, this change in the cardio-hepatic angle was not present at all; and if we had attempted to tap the patients at that point, we should have penetrated the heart; or, at any rate, we should have had a dry tap.

The third point in the physical diagnosis of pericarditis with effusion relates to the friction sound. Theoretically, one would expect that as soon as any appreciable amount of effusion accumulated in the pericardial cavity, the friction sound would disappear; but that is notoriously not the case in many instances. While in one or two patients it was entirely absent, in others, although there was considerable effusion, we could make out

the friction sound without difficulty. That is different from what we find in pleurisy with effusion; just as the absence of pain is different. It is important to bear in mind that the presence of pericardial friction sound does not rule out pericarditis with effusion.

The fourth point is not new, but is worthy of further emphasis; and that is the importance of examining the base of the left lung for signs of consolidation. In practically all the cases that we have had with extensive effusion there have been definite signs of consolidation at the left base. You are apt to mistake the case for pleurisy with effusion. In fact, the pericardium has been tapped in this way in mistake for the pleura. One is apt to mistake these cases for pneumonia also.

The value of the X-ray is another point that I wish to emphasize, not only in diagnosis, but as an indication of where to tap the patient. Here is an X-ray picture of a little boy who entered the ward with rheumatic endo-pericarditis. It illustrates two of the points that I have mentioned. Here is the right border of the heart, with no effusion at the base. He had an absence of Rotch's sign, the cardio-hepatic angle was a right angle, as in normal cases. We punctured the pericardium in the fifth space, some distance to the left of the left nipple line. We did not obtain much fluid, but we got some. There was no question that we got it there; but, largely because the exudate was mainly a fibrinous exudate, we got very little. The boy recovered completely after the tapping. There was considerable exudate; but, as has been pointed out by McPhedran, even when there is considerable exudate, it is not always serous. You can get signs from a fibrinous exudate. When you are not certain whether it is pericarditis with effusion or acute dilatation,—a point in diagnosis quite difficult, at times,—the X-ray is of a great deal of value.

This is an X-ray of a patient with an enormous effusion—a case of tubercular pericarditis, in which you can see the tremendous width of the shadow. In this picture we got the typical truncated cone outline of pericarditis with effusion. He did not show the peculiarities that I have tried to emphasize as likely to occur.

I want to say a few words about the point of election in tapping, because we had some experiences that seemed to indicate that there were certain points much preferable to others as points of election. As I have already mentioned, Rotch suggests tapping in about the fifth space, just to the right of the sternum. The objection, following even this brief experience, seems to be that the effusion is not always there. Then there is an objection to tapping immediately to the right or to the left of the sternum—the danger of entering the internal mammary artery. A still further objection is that in some cases the heart hugs the anterior chest wall, so that you would go immediately into the heart. This does not apparently do harm in many cases. We had a case in which we are certain that one of the internes went into the heart; but it did not have much effect on the patient. Another point suggested is the fifth or sixth space, to the left outside the mammary line, judging by the effusion. The objection to that situation for the tapping is that you have to go through the pleura. While the risk of infecting the pleura is comparatively small, because you take careful aseptic precautions, yet it is a distinct risk. The point that our experience of these few cases had led us to believe to be the best is the angle formed by the junction of the base of the ensiform cartilage with the costal cartilages of the left side. This is the point that our experience leads us to believe the best for tapping the pericardium. It can be done under local anesthesia here, as at other points. The technique consists in infiltrating with novocaine. After you get through the skin and get behind the costal cartilage, hug the back of the sternum as closely as possible; it is a very short distance into the pericardial cavity—especially when it is distended with fluid. The advantage is that you run no chance of puncturing the pleura. There is very little chance of damaging the liver, if you are careful in your technique; and you practically always strike a point where fluid has accumulated. It is always present, if at all, in this most dependent portion of the cavity. In this position we tapped one patient three times. The last time, we got 1600 c.c. of fluid. The patient is still alive.

THE INFANT WELFARE ASSOCIATION OF NEW HAVEN.

(Dispensary Milk Station.)

Joseph I. Linde, M.D.

The work of the Infant Welfare Association is being conducted along the same general lines as last year. The cases are first seen, examined, and if to be fed artificially are given a formula. The mother then goes to the laboratory of the milk station and the nurse demonstrates to her the method of preparing the milk. Besides the demonstration, little talks are given, about cleanliness, importance of sterilization, etc. The mother comes to the station to modify the milk until the nurse in charge is satisfied that the formula is made properly, after which she makes it at home. Frequently a nurse will visit the home and watch the modification being made, inspect the ice boxes and give little lectures on hygiene.

Breast-fed babies are frequently visited, the mothers being instructed as to diet, proper time for feeding and care of the breasts.

Once a week the babies are brought to the station to be weighed and seen by the doctor in charge. Necessary advice is given and formulæ changed if required. The changes are shown to the mother in the laboratory the next day. If the baby is sick it is referred to its family physician. At this station, however, most of the cases are from the Pediatric Clinic and are treated at that clinic.

Literature on the care of infants, diet slips and postal cards with "My baby is sick," addressed to the Society, are left with the families.

We have frequently been asked what formulæ do we give? The answer is, every individual case has its own formula. We try as much as possible to use simple formulæ and we can truly say that whole milk modifications with longer intervals of feeding are very satisfactory. Cream formulæ are given when indicated. We still continue the use of malt sugars and of Finklestein's Albumin Milk with the same good results that have

been obtained elsewhere. We are just beginning to use Schloss' whey modified milk, but at present it is too early in our experience to report our results. Boiled milk has been used very frequently.

The Infant Welfare Association conducts four milk stations. Each station is in charge of a physician, head nurse, and as many assistant nurses and helpers as are needed. The nurses are from the Visiting Nurses Association and are women who are interested and specially trained in infant work.

Besides the usual milk work, little mothers' talks have been given at schools and playgrounds. The prenatal work, which is being continued, we feel is a great aid in the reduction of infant mortality. The feeding of older children is also an important part of our work.

There have been over 500 cases registered during the past year. The cost per baby still remains at about \$1.75 a month. The milk supplied has been the best we could obtain in the city.

PAPERS READ AT COUNTY
MEETINGS.

Papers Read at County Meetings.

HARTFORD COUNTY.

October 28, 1913.

PAPERS:

The General Practitioner; his work, his ideals. Dr. Noah A. Burr.

Discussion opened by Dr. Thomas G. Sloan, Dr. Walter G. Murphy.

The City Common School Girl. Dr. Arthur S. Brackett.

Discussion opened by Thomas S. Weaver, Superintendent Schools.
Hypertrophic Arthritis. Dr. Paul P. Swett.

Discussion opened by Dr. Philip D. Bunce, Dr. Ansel G. Cook.
Lobar Pneumonia. Dr. Edward J. Turbert.

Discussion opened by Dr. Frank J. Ronayne, Dr. David Molumphy.
The Widal Test and Its Relation to the Laboratory. Dr. Arthur J. Wolff.

Discussion opened by Dr. Henry F. Stoll, Dr. Paul Waterman.

April 7, 1914.

PRESIDENT'S ADDRESS. Dr. John F. Dowling.

PAPERS:

Treatment of Nephritis. Dr. Thomas H. Denne.

Discussion opened by Dr. John B. Griggs, Dr. Levi B. Cochran.
Notes on Symptoms usually exhibited in the more Common Psychoses.
Dr. Whitefield N. Thompson.

Discussion opened by Dr. Paul Waterman, Dr. Frederick T. Simpson.

Toxic Ambliopia. Dr. Calvin Weidner.

Discussion opened by Dr. William F. Reardon, Dr. John B. Boucher.
The Indications for Cholecystectomy. Dr. Frederick B. Willard.

Discussion opened by Dr. Harry C. Clifton, Dr. George N. Bell.

NEW HAVEN COUNTY.

October 23, 1913.

CLINICAL PROGRAMME:

The new Waterbury Hospital will be opened for inspection from two until four P. M.

Exhibition of Laboratory Methods as practiced at the State Bacteriological Laboratory. Dr. H. W. Conn, State Bacteriologist.

Interesting Medical and Surgical Cases will be presented by the Attending Staff of the Hospital.

LITERARY EXERCISES :

PRESIDENT'S ADDRESS :

PAPERS :

Some Disagreements Between Medicine and Dogmatism. Dr. Thomas M. Bull, Naugatuck.

Discussion opened by Dr. E. T. Bradstreet, Meriden, Conn.

Sewerage Disposal from the Engineer's Standpoint. Robert A. Cairns, City Engineer, Waterbury.

Discussion opened by F. L. Ford, City Engineer, New Haven, Alexander Cahn, Civil Engineer, New Haven.

Sewerage Disposal from the Health Officer's Standpoint. Dr. J. H. Townsend, Secretary of the State Board of Health.

Discussion opened by Dr. E. O'R. Maguire, Health Officer, Derby, Dr. L. F. Wheatley, Health Officer, Meriden.

Modern Methods of Fumigation and Disinfection. Dr. F. W. Wright, Health Officer, New Haven.

Discussion opened by Dr. T. J. Kilmartin, Health Officer, Waterbury, Dr. C. J. Bartlett, New Haven.

April 23, 1914.

CLINICAL PROGRAMME :

Surgical Clinic in the operating room, New Haven Hospital. Dr. Joseph Marshall Flint.

Exhibition of Medical and Neurological Cases in the Medical Amphitheatre. Dr. George Blumer, Dr. Max Mailhouse.

Neglected Points in the Diagnosis of Kidney and Bladder Lesions. Dr. John W. Churchman.

A Demonstration in Clinical Microscopy, Practical Suggestions on the Examination of the Urine and Blood. Dr. Charles W. Comfort.

LITERARY PROGRAMME :

The Treatment of Syphilis of the Central Nervous System with Salvarsanized Serum. Dr. Charles J. Bartlett, and Dr. Ralph W. Nichols (by invitation).

Discussion opened by Dr. Max Mailhouse.

The Diagnosis of Uraemia. Dr. Wilder Tileston.

Discussion opened by Dr. George Blumer.

The Present Estimate of Radium's Usefulness in Surgery. Dr. Robert Abbe of New York City, Attending Surgeon St. Luke's Hospital.

NEW LONDON COUNTY.

October 3, 1913.

PAPER :

What are Bacterins, When and How to Use Them. Dr. F. E. Stewart, Professor of Materia Medica and Therapeutics at Medico-Chirurgical College, Philadelphia, Pa.

April 2, 1914.

REMARKS BY PRESIDENT, Dr. W. H. Gray.

READING OF ANNUAL DISSERTATION:

Orthopedic Surgery. Question of Balance. Lantern Slides. Dr. Ansel G. Cook, Hartford, Conn.

Discussion opened by Dr. R. W. Kimball, Dr. H. M. Lee,
VOLUNTARY PAPERS.

FAIRFIELD COUNTY.

October 14, 1913.

VICE PRESIDENT'S ADDRESS:

The Importance of the Diet of School Children. Dr. George H. Noxon, Darien.

READING OF PAPERS:

Syphilitic Aortitis. Professor George Blumer, New Haven.

The Diagnostic Value of Lumbar Puncture: Intra-Spinous Salvarsan Medication. Dr. H. LeBaron Peters, Bridgeport.

Some Notes on Blood Pressure. Dr. Howard D. Moore, Danbury.

April 14, 1914.

PRESIDENT'S ADDRESS: "Remarks," by Dr. Harrison F. Brownlee.

READING OF PAPERS:

The Diagnosis of So-Called Gastric Neuroses. Dr. George R. Lockwood, New York City.

Discussion opened by Drs. Wright, Pierson, Lockhart and O'Hara.
The Advantages of the Transverse Incision in Surgery of the Lower Abdomen. Dr. J. Murray Johnson, Bridgeport.

Discussion opened by Drs. Hertzberg, Bill and Ellis.

WINDHAM COUNTY.

October 16, 1913.

PAPERS:

The More Recent Developments in Anæsthesia. Dr. O. R. Witter, Hartford.

Valvular Lesions of the Heart. Dr. R. C. White, Willimantic.

Broncho-Pneumonia. Dr. George Barnes, Killingly.

April 16, 1914.

CLINIC AT ST. JOSEPH'S HOSPITAL. Dr. Owen O'Neill, Willimantic.

PRESIDENT'S ANNUAL ADDRESS. Dr. C. E. Simonds, Willimantic.

PAPERS:

Treatment of Acute and Chronic Urethritis. Dr. Francis Downing, Moosup.

Surgical Diseases of the Oesophagus. Dr. Louis I. Mason, Willimantic.
 Oral Hygiene. Dr. D. Everett Taylor, Willimantic.
 Discussion.

LITCHFIELD COUNTY.

October 7, 1913.

PAPERS :

Something of the Medical Men of a Hundred and Fifty Years Ago.
 Dr. J. C. Kendall, Norfolk, Conn.
 Some Practical Points in the Treatment of Eczema. Dr. D. E.
 Harriman, Springfield, Mass.
 Pneumonia. Dr. F. S. Skiff, Falls Village, Conn.
 Medical Mechanics. Dr. A. A. Crane, Waterbury.
 Discussion opened by Drs. E. R. Kelsey, Winsted, and H. B.
 Hanchett, Torrington.

April 28, 1914.

PRESIDENT'S ADDRESS. Dr. F. S. Skiff, Falls Village.

PAPERS :

Practical Methods of Anesthesia. Dr. O. R. Witter, Hartford.
 The Diagnosis of Gastro-Intestinal Conditions. Lantern slide demon-
 stration. Dr. H. W. Van Allen, Springfield, Mass.

MIDDLESEX COUNTY.

October 9, 1913.

PAPERS :

The Common Contagious, Eruptive Diseases :
 Scarlet Fever. Dr. G. N. Lawson.
 Measles and German Measles. Dr. Irwin Grannis.
 Differential Diagnosis. Dr. F. S. Smith.

CLINICAL REPORTS.

April 9, 1914.

PAPERS :

Small-pox and Vaccination. An historical sketch. Dr. W. M. Kenna.
 Some Features of Present-Day Small-pox, with Report of Fourteen
 Cases. Dr. F. E. Potter.
 Report of Small-pox Case, with Photographs. Dr. C. E. Zink.
 Small-pox and Varioloid, with Photographs. Dr. D. A. Nolan.
 Vesicular Eruption due to Vaccine. Dr. J. Murphy.
 General Discussion of Small-pox and Vaccination.

CLINICAL REPORTS :

Dr. J. E. Loveland.
 Dr. J. T. Mitchell.

TOLLAND COUNTY.

October 2, 1913.

THE SIXTH SEMI-ANNUAL MEETING OF THE CONNECTICUT STATE MEDICAL SOCIETY HELD IN CONJUNCTION WITH THE TOLLAND MEDICAL ASSOCIATION.

ADDRESS OF WELCOME. Dr. E. J. McKnight.

REMARKS BY STATE PRESIDENT. Dr. D. Chester Brown.

PAPERS:

Cancer and Review. Dr. C. B. Newton.

Discussion opened by Drs. W. R. Steiner, W. H. Carmalt, J. M. Flint.

Mental Disease. Dr. Paul Waterman.

Discussion opened by Drs. F. L. Simpson, W. N. Thompson, L. R. Brown, F. H. Barnes, Elias Pratt.

Experiences with Military Surgery in the Graeco-Bulgarian War.
Dr. Joseph Marshall Flint.

April 21, 1914.

PAPERS AND DISCUSSIONS:

Bacterial Vaccines. Dr. Arthur H. Griswold, Hartford.

Treatment of Fractures. Dr. Paul P. Swett, Hartford.

The Compensation Act as it Affects the Physician and Surgeon. Dr. Thomas F. Rockwell.

Discussion opened by Dr. James Stretch.

Résumé of the Local Small-pox Cases. Dr. Thomas F. O'Loughlin.

VOLUNTARY PAPERS.

HISTORICAL ADDRESS.

Historical Address.*

Historical Relations of the Litchfield County Medical Association.

DR. JOHN C. KENDALL, NORFOLK.

The genius for keeping records is not born in man. In early times energy was so largely required to discharge duty and fulfill destiny that no attention was paid to the current activities, no thought was taken of the interest posterity would have in beginnings, and no example of ancestors was a reminder to incite to a record of the trifling doings. For some such reasons as these our early predecessors in this society have left us entirely in the dark as to the organization of the society and its transactions until the year 1808. We would like to suppose that the records were kept but were lost. I have heard the hope and even the expectation expressed that the original minutes of meetings will yet be found. That is wholly unlikely as will appear later. We do, however, know from various sources much of the times, of the status of medical knowledge, and of the views and judgments and practice of the profession 150 years ago. We know that medical men were characterized by the same lofty ideals that rule them now; they loved each other and liked to meet for communication of personal experience and opinion, and for mutual benefit; they tabooed the nostrum and patented devices as contrary to the very spirit of their liberal profession. Our state society at its second meeting ordained (that is the word) that all pretenders to secret nostrums shall be considered proper subjects for expulsion. They saw the farce of incompetent practitioners and the imposture of others, and memorialized the general assemblies of the colonies to authorize procedures so that only worthy men might engage in physic and

*Delivered at the Sesqui-Centennial Meeting of the Litchfield County Medical Association, held at the Country Club, Norfolk, Conn., Friday, June 12, 1914, and printed by order of the House of Delegates.

surgery. Various sources likewise inform us as to the temper of the laity towards these servants of theirs. When in 1763 an association of eleven doctors which had centered in Norwich (we know not for how many years, but surely long enough to come to common feeling and concerted action in these interests) memorialized the General Assembly of the colony "that more than a hundred years has passed since the founding of the colony and nothing had been publicly done to distinguish between the ingenious and honest physician and the quack or empirical pretender, by reason of which imposture and imposition had been and are but too commonly practiced among us, to the great injury of the people as well as the disparagement of the profession, and prayed that the physicians of each county of the colony might be authorized to organize for mutual benefit and to approve of persons found qualified to practice physic and surgery among the people," the representatives of the laity thought this was too much power to grant a special class. The very persons against whom this petition was aimed were in the lobby and assisted in the defeat of it. This same laity frowned on organization of medical men at all, especially as they considered a fee table a peculiarly heinous device instituted to bring the populace to terms and to be stolidly resisted.

One hundred and fifty years ago there was not an incorporated medical society in the colonies, nor an organized medical school. William Hunter had lectured on anatomy at Newport in 1754, '55, '56. The first degree in medicine was B.M., given at the school which became the college of Physicians and Surgeons of Columbia University, New York City, in 1769. Medical education was in the hands of the active practitioners who received young men, as apprentices were received in any trade, under formal contract. These men, of course, had no degrees; some of them were licensed by superior courts; many were irresponsible and did not owe allegiance to anything. It was quite necessary for students to be Latin scholars to be able to make use of the best medical literature of the day. Cullen's *Practice of Medicine* was at this time printed in Latin. It was from this custom of using Latin in scientific works that you

who are of my generation and inherited the books of the generation before us had that ideal of work set for us, e. g. in Watson's Practice, cito, tute, jucunde.

When a new book appeared it was met by the trite criticism, "it does not seem to fill any felt want; of making many books there is no end." When we reflect that some of us have seen and have been students under some men who used for the first time precision in medical writing, as S. D. Gross, and that Austin Flint brought out the first edition of his Practice of Medicine in the year 1866 as the fruit of his own studies and labors since 1833, we can imagine what must have been the character of the medical text books of the last third of the eighteenth century. When I reflect on this cynicism as to books I am ready to believe that there was already heard the plaint that the profession is overcrowded. My father, a graduate of 1843, had to hear it; I, a graduate of '75, had to meet it and have heard it ever since. We of this period may well pity the young men of that time at the somber and chilling introduction they met to their laudable ambitions, for that comforter had not arisen for them who with acute observation, true wisdom, and genuine wit did arise for us and emblazon aloft where our languid eyes could not fail to catch it and flash at the inspiration from it—THERE IS PLENTY OF ROOM AT THE TOP.

At this time oxygen and nitrogen were unknown, not until the year 1774, and even if Paracelsus had two hundred years before found hydrogen, Cavendish made the first precise studies of it in 1781. Fire and water were accepted as elementary chemical bodies. Putrefaction held the honors with inflammation. The typh fevers were called putrid fevers; they had putrid bile; they queried whether putrefaction ever takes place in the living body. Spasm—the occult nature and subtle action of spasm accounted for mysterious and baffling phenomena. Not only bleeding but salivation was a resource for inducing a radical change in the human system, the starting point of new activity and of restoration from obstinately perverted conditions and functions. The observers of this time had caught the idea of contagion. They thought that groups of diseases were

caused by a common contagion, and that the special phenomena of the individual diseases of the group were caused by varying climatic conditions, as also by incidental susceptibilities of the victims of the contagion, and also by an irresistible influence from a strain of heredity in the victims. The original medical literature of this period shows that discriminations of symptoms in the course of gross diseases, as they were, were made, which grew into the refinements of classification of modern times, e. g., they noticed in the typh fevers a suitable name for a common symptom, but having no relation to differing etiology or nature of the diseases, the cases showing what they styled dysentery, and those showing petechiæ, which LOUIS of Paris in 1828 told the world were two distinct diseases: the dysentery was the diarrhea and hemorrhage of typhoid fever, and the petechiæ the eruption of typhus fever. At this period typhus was called spotted fever as well as cerebro-spinal meningitis.

Such were the men, and such a glimpse in part and sample of their environment and limitations, who now present themselves for our considerate, charitable and affectionate review. For myself I feel as much reverence for pioneer work as for perfected work, and for infant steps as for the prance of the warhorse. We can imagine with what seriousness, what anticipations, what fidelity, and what love for each other they went down, up, over and across to Litchfield, on horseback, some of them the day before, to be present at the yearly meeting. This was no social occasion (as some of us need to get us together), no dinner; it was a season of communion. They prepared themselves with their best and their most puzzling cases, with those that threw light or confirmation on deliberations of former meetings. Beyond and more important than everything else, it was a great counsel, this annual meeting; it was a conversation; besides preparing their best cases they had been for months laying up their hardest queries. We shall see what else they made it.

Some historians tell us that in January, 1767, the Litchfield County Medical Association was organized. Now we doctors of Litchfield County who live on the Taconic Range and on its spurs know that our founders never rode their horses through

the snows and the cold and the winds of January to found a medical society. Other historians accord us the date 1766. We have another credit for the year 1765. This is given us by Dr. George Sumner of Hartford, the earliest biographer of the medical men of the state we ever had. His paper is in the "Proceedings" for the year 1851.

The State Medical Society of New Jersey has contested with us the incident of priority of founding. I have investigated that claim. Their records show that that society was founded in July, 1766. It had four constituent societies occupying the northern part of New Jersey, down only about as far as Trenton. They had from the very outset a most hostile opposition from the laity. At their second meeting, from the reports the members made of the temper of the laity, they felt obliged to make a defence of their action in organizing and to display their articles of constitution in the public press, New York and Philadelphia papers. They formulated a fee table at the first meeting but did not dare enforce it for twenty years, when they resolved "that it shall stand as reasonable and consistent with equity and good conscience." It is an interesting picture to me of those old-time men every time I read one of their resolutions of either conduct or sentiment formulated without precedent, almost as it were by intuition. The entire membership of the society in thirty years was only 91. At their incorporation in 1790 they had only 52 members, 28 of whom had never signed the roll. The largest number they had at a meeting in thirty years was 25. They had very hard work to get their members out to meetings. They enacted rules that members must give explanation of absence, and if a member was absent for three successive meetings without sufficient and satisfactory excuse he should be dropped. They frequently did not have a quorum. In '95 the secretary warned every member that if the attendance did not improve the society must suspend. This representation of conditions did not have any effect and that very year the society suspended and was hung up until the year 1807. In his circular letter the secretary said that theirs was the oldest medical society in this country. He had not heard of Litchfield

County, or he had read in history that after a big snow storm in January, 1767, six months after the organization of the New Jersey State Society, as they could not do anything else for several days the doctors of Litchfield County had organized by tel-e-pathy as they had no tel-e-phone nor tel-e-graph, much less wireless. I have introduced this to show that we Litchfield Countyites have no special reason to feel any great awe before New Jersey, and to give concrete example of circumstances I alluded to in an early paragraph.

After accepting 1765 as our date, we were credibly apprised, as we believed, that the actual date of our first meeting was 1764. Supposing that this was indisputable we did not take the precaution to note where this statement is to be found. For four or five years we have been looking forward to celebrating our sesquicentennial this year, and in April of last year we took the first steps towards arranging for this celebration. To our dismay we cannot verify the date 1764. As our plans already undertaken were hardly revocable we decided to go ahead as we had begun and celebrate the sesquicentennial at the hundred and fiftieth annual meeting and not at the hundred and fiftieth anniversary, the hundred and fifty-first annual meeting. It is for this purpose that you are invited here to-day. We bid you keep festival.

We know nothing of the life of our society from 1765 to 1808, a period of forty-three years. The society never had a record book until the year 1821, when it was resolved "that the clerk procure a suitable book in which to record the doings of the society, and that the members present contribute two dollars for that purpose." Dr. Roswell Abernethy, of Harwinton, was clerk from 1808 to 1822; he had preserved privately records of his term, which he copied into the record book.

The early records contain nothing but the machinery of the society. A similar meagerness characterizes the records of the State Society for a period of fifty-five years. It was seventy years before free reports were printed and eighty-six years before the 'Proceedings' took their present form. We know nothing of what the men did or thought in professional matters;

we know their sentiments only from formal resolutions which appear from time to time. The first of those worthy of citation bears date 1818: "that the delegates to the convention use their influence for the establishment of a uniform mode of medical education in this State, and the designation of what authors in medicine and surgery shall be read by young gentlemen previous to attending public lectures" at Yale.

The result of the influence of our delegates in the convention was the order that very year that the committee of examination of the State Society should act with the faculty of the Medical School, three in each body, in arranging a curriculum for medical students. This "committee of examination" passed on the recommendation of doctors for license, who had been so recommended by committees in the county associations, which committees were appointed by the State Society yearly. Later it assisted the medical faculty in the examination, graduation and licensing of the successive senior classes. This union continued until the year 1884, when it was not only considered no longer useful, but had been found to be an embarrassment to the school, as prospective donors to the general fund of the school were reluctant to put in money over which the school might not have absolute control.

The society had great appreciation of the efforts of its dissertators; thanks were quite regularly voted "for his ingenious, or his ingenious and learned dissertation now read." In most instances, the subject of the dissertation is not given for about fifty years, and it is only as late as 1871 that any account of views or treatment is recorded.

The first register of names (1812) shows 23 members; the second (1821), 34 members; in '27 there were 53 members.

In '21, the Society was ambitious to establish a county medical library. The committee appointed reported the next year that it was not expedient to take any measures respecting a medical library.

In '22, Dr. Buel was appointed to inquire and report whether any new remedy was found useful in hydrophobia. The next year, Dr. Buel read a dissertation, but nothing is said of its contents.

In '25, Dr. Jesse Carrington (of Colebrook) was relieved from taxation. This is the first record of this sort. Dr. Carrington's name appears constantly in the records, and also in those of the State Society for twenty-seven years.

The State Society, through a special committee, used to recommend a few members for the degree M.D. each year. The degree was given by Yale College. Dr. Carrington received this degree in the year 1816. Before organization of the Yale Medical School, 1813, the State Society used to give this degree. The very year this School was opened the State Society began to send students from the several counties to attend lectures there gratuitously, for only one year, apparently the last year of their apprenticeship. A special committee selected these students. The county associations nominated them. It was required that they be meritorious as well as necessitous. The first year they were called "charity scholars"; the next "privileged students attending gratuitously"; later the words gratuitously and gratis were used, no characterization of the students. Our by-laws up to the revision of twenty years ago contained in the order of business at the annual meeting the appointment of a committee to nominate a gratuitous student. I have not been able to discover when gratuitous students were no longer received at the Yale Medical School.

Besides the Yale Medical School many young men of our state as also of our county studied medicine at the Pittsfield Institution, which dated 1822-67. Among the lecturers there were Willard Parker, Alonzo Clark and Frank Hamilton. I mention these because they have been teachers of some of us. Alonzo Clark was the first American teacher to present to the familiar knowledge of the profession of this country the researches of Louis, with whom he studied in Paris. I have been told that he gave his first course at Pittsfield, where two members of my family were then students. The first register of the State Society, which was contained in the "Proceedings" of 1881, gives twenty graduates of Berkshire still living, four of them from our county. The only graduate of this school in our state society to-day is a Litchfield County man, once a member of our

association, Dr. A. E. Barber of Bethel, of the class of 1854, sixty years ago. The last graduate of Berkshire to leave us was Dr. M. W. Robinson of Noroton, of the class of 1860. He was originally from New London County. The register of the State Society shows only one member who was graduated earlier than Dr. Barber, Dr. J. B. Lewis of Hartford, '53. Next to Dr. Barber, '54, is Dr. Hazen of Haddam, '55; then comes Dr. William Bissell of our society, Yale '56. It is only fair to add Dr. Cyrus B. Newton, president of the State Society in '92, a classmate of Dr. Bissell. There are no other graduates of these four years. Dr. Bissell is moreover a Yale A.B. in the famous class of '53, with Theodore Bacon, Charlton Lewis, Wayne McVeagh, G. W. Smalley, E. C. Stedman, Andrew D. White and Asa B. Woodward of Norwalk. Only because the class was so famous is it permissible to lug into such a paper as this the additional statement that they were such vassals, or worse, that President Woolsey was greatly relieved when he got rid of them.

The first charter of the State Society authorized it "to examine by committees in the several counties candidates and to license those found qualified, and to confer honorary degrees on such members of the faculty as they shall from time to time find of distinguished merit." After the year 1813 these latter were recommended for the degree to Yale College. As far as I am able to find, any license to practice before 1792 was given by the Superior Court. The State Society required applicants for license to present an original thesis as a part of their examination.

The associate relations of the State Society with Yale College make it of interest to note that the Corporation of Yale began the organization of their medical school in the year 1806. This was the third professional school contemplated and added to the academic course, and yet, curiously, it was the first to get actively at work, in 1813; the Divinity School dating from '22, and the Law School from '26. The Corporation very wisely sought counsel and aid from the State Society in 1807, and for four years committees from the State Society met the committee of the Corporation having the matter in charge. In 1810 full power was given the committee of the State Society to complete arrange-

ments with the committee of the Corporation to seek jointly a charter for the Medical School from the legislature. The organization of the School was completed in 1812 and lectures began the next year. The State Society assisted the Corporation of Yale in selecting the first corps of professors for the School. They were Nathan Smith, Jonathan Knight, Eneas Munson and Eli Ives. Eneas Munson was first vice president of the State Society, the second president for seven years. It will be noticed, in the language of Oliver Wendell Holmes, that these professors held not chairs but settees. Nathan Smith taught Physic, Surgery and Obstetrics; Jonathan Knight, Anatomy and Physiology; Eneas Munson, Materia Medica and a branch now-a-days unknown, Botany. Will you believe it, my childhood's memory covers an old antiquated doctor who lived just across the street from my father's house, who had on his homelot a large greenhouse where he used to cultivate medicinal plants; the lofty peaks and the arched roofs continuous with the sides of this structure would accommodate trees twenty-five feet high. Eli Ives was adjunct professor of Materia Medica and Botany. This must have been an exacting settee to have required two incumbents at the very outset.

In 1818 the State Society evolved a scheme of having the professors of the Medical School lecture before the Society the night before the convention and the next night. Sometimes the convention held two days, and sometimes met twice in a year.

In the year 1829 the State Society appointed a committee to obtain authority from the legislature to appoint an additional number of professors in the medical institution of Yale College (sic), with a proportionate increase of fees, whenever the Corporation of the College and the medical society of the State deemed such increase advisable. Nathan Smith had died in January of this year and Eneas Munson had died three years before. Eli Ives had continued as professor of Materia Medica and Botany. He was now made professor of Theory and Practice of Medicine, and Thomas Hubbard was appointed to the chairs of Surgery and Obstetrics; the latter he held but one year, when Timothy Phelps Beers was appointed to it. William Tully became professor of Materia Medica and Therapeutics.

There was no professor of Botany at Yale from this time until the appointment of Daniel Cady Eaton in 1864. The Berkshire School still taught botany in the forties. Benjamin Silliman began his lectures as professor of Chemistry April 4, 1804. (Let me interject to his memory that he continued fifty-one years.) He recorded "the medical students attended my lectures in the college laboratory along with the academical students, but with separate seats. The laboratory was enlarged for their accommodation. I gave them also distinct instruction on their own subjects, both by lectures and recitation." If you saw a suppressed grin on my face it was started by the recollection that the academic class of Yale '70 attended lectures in chemistry by the younger Silliman, jointly with the medical students, but with separate seats, in the old laboratory, the oldest, dingiest-looking building on the campus. It was built in 1782 for a kitchen and dining hall and was so used for thirty-seven years, when the college had outgrown it.

In '28, a resolution deploring the evils suffered by the country from the use of ardent spirits was adopted, recommending, also, the views of the American Temperance Society. Dr. Jairus Case read a dissertation on the subject. The next year it was deemed expedient to form a temperance society for this county. This very year the State Society adopted resolutions of sympathy and pledge to abet the work of the American Society for the Promotion of Temperance. Their resolutions are good temperance literature for our age. Strangely, it was only ardent spirit they warred against. This spirit was considered artificial. Nature's beverages, wine, cider, and malt liquors, were tolerable; yet in saying this they did not mean to recommend use of them but to warn against abuse of them. They are explicit in this statement.

In '29, a committee was appointed to invite a clergyman to dine with the Society, and thenceforward, including the year '53, this resolution commonly appears. It is never stated what clergyman met the Society.

The Society met but once a year. It is to be presumed that the meetings were held in Litchfield. On occasions they were at the houses of non-professional men, e. g., Captain John Phelps,

no statement as to town, and Roger Cook, of Litchfield. The State Society also used to meet at private houses.

In '32, sentiments requiring greater competency on the part of pharmacists were expressed. In this year it was voted "that the presiding officer be styled president, and that he read an address at the expiration of his term of office." The presiding officer had previously been styled moderator or chairman. About this time the reports of meetings were published officially by the clerk in one of the Litchfield papers—*The Post* or *The Inquirer*. This rule remained in force until the year 1897, although it was ignored in practice, when it was rescinded because it is repugnant to publish professional matters in lay journals. In this year ('32) there were sixty members.

The period we are reviewing now was not one characterized by scientific research and deduction. When men do not live by science and knowledge they live by their wits. These worthy men we are now calling to life again had this foible. Cholera, that dread disease, our inheritance from India, had raged in India for centuries. It never left India, westward bound, until the year 1817. It did not reach the Atlantic coast of Europe until the year 1832, when its victims in France alone numbered 120,000. The same year it came from Dublin to Canada on an immigrant ship; forty persons died on the passage. This news reached Connecticut and produced consternation. Physicians were sent from our state to Canada to study the disease, and our Society held a special meeting in July "to obtain and to diffuse intelligence concerning the progress of cholera in the country, and to obtain information as to the public health in the various parts of the county." Drs. Gould and Jarvis were appointed a committee and reported the following resolution, which was adopted as expressing the sense of the Society: "That there is no cause for alarm in this country relative to the epidemic cholera. The best preventives are temperance in all things, regularity in exercise, avoiding any unnecessary exposure to evening air, or any sudden change of temperature; but above all things, a calm reliance on the mercies of a kind and merciful Providence." (In cholera the mercies of Providence rest in the discovery of the

comma bacillus by Koch in 1884, subsequent studies as to its life and behavior, and in a cupful of germicide to drench the dejections of the man before you. If these dejections fall into the common drinking tank, there is no providence for the masses, only for the individual who will rectify his potion before taking it. Yet this incident illustrates the disposition of the profession as guardians and counselors in matters of public health.)

We will the sooner recover from our chagrin at this flunk of our revered predecessors of eighty years ago if we recall the brilliant conduct of that layman who without any prepossessions of mind as to the nosology of cholera observed that it came nowhere, but that it went with the crowd. He accordingly barricaded and guarded his estate against all comers, kept his retainers at home, where they ate and drank as they pleased of abundance and danced by moonlight; not a case of cholera appeared among them.

Don't think this tale of barricade and guard is only fiction. One medical historian who was then sixteen years old "remembers the fact, that so fully was the condition of isolation accepted as the only preventive measure possible against the cholera infection, that in many instances men stood guard on their domains prepared to fire on all intruders; while placards and watchdogs served as additional defenses. In their own families no deviations from the customary rules of diet including the use of fruit and vegetables from their own gardens was practiced. For those who lived simply no change in diet or regimen was advised." Gradually the idea was recognized that cholera was not a summer flux that might run on to cholera, but that it was a communicable disease, conveyed along the routes of public travel by persons and their baggage; that it was a disease, *sui generis*, attended by strange symptoms never seen elsewhere.

Along these years medical ethics was frequently a subject of discussion.

In '33, a resolution was adopted condemning the practice of placing town paupers at the mercy of the lowest bidder "as incompatible with that humane treatment to which every member of the human family is entitled."

The yearly meeting had been held in April. In '38 it was voted to hold a semi-annual meeting in September. A semi-annual meeting was held only once. At the same meeting it was voted that the clerk be requested to use coercive measures against those members who refuse to pay their taxes, after being notified of this resolution. Following this date are repeated resolutions showing how inveterate and hard to deal with is this evil of neglect to pay the dues. In '40 there were fifty-four members; in '42, sixty.

In April '41, so few members appeared that an adjournment was made for one week "for the purpose of procuring a more full attendance." That meeting was held and seems to have been a good one. In the year '43 seems to have been initiated in our society what later was adopted in the State Society as the Committee on Matters of Professional Interest. This committee does not appear in the records of the State Society until the year 1869. In '43, the State Society contemplated a reorganization.

For a succession of years about this date our society adopted resolutions that no change in the management of the State Society was desirable. In '44, they resolved "that any failure to accomplish its high purpose was not due to defective organization, but to defect in zeal and energy on the part of members." This deliberate, positive judgment, so calmly and tersely worded, is a type of many those old fellows left disclosing their quality, and suggests vividly its own picture.

They never failed to speak out and give their opinions to the State Society. This meeting recommended a committee of publication to distribute to all members the proceedings of the State Society and lay before all members what was up to that time known only to those who attended the convention.

In the year '45 it was "resolved that the Fellows be requested to use their influence to prevent any change in the appropriation of the funds derived from the taxes from the payment of the Fellows who attended the convention to that of medical publications": carried 7 to 5; about 20 were present. At its second meeting the State Society had voted six shillings a day to Fellows who attended the meeting and six pence mileage.

In 1811 these sums were changed to \$1.34 and 12½ cents. In '14 to \$2.00 with no item of mileage, and in '19 to \$1.00 and mileage of 6¼ cents.

In 1799 the State Society had authorized the secretary to loan papers read before it to the county associations for perusal; postage to be collected. In 1809 the State Society ordered the publication of papers selected from those in the hands of the secretary and from those the clerks of the county associations might send in; postage to be collected. At the October meeting this year 200 of these pamphlets were reserved for the use of the Society, 100 were put into the hands of book-sellers, and each association received as many copies as it had taxable members. Copies of this pamphlet are now quite rare.

In 1807 the State Society ordered that the Society should pay the postage on all matter that necessarily passed between the county associations and itself. It must be remembered that postage rates were very high, at one time 18 cents as a minimum on written matter, with the privilege to the addressee of avoiding payment if he would resign the matter before reading it. In '44 a paper by Dr. Baldwin considered the question, "Is medicine a learned profession?" A suitable vote of thanks was taken for Dr. Baldwin's "able and learned dissertation," which shows that his views, although they are not stated, were acceptable to the society. A paper was read by Dr. Woodruff on the theory of tubercular consumption. The doctor received thanks for his able and interesting dissertation. So much important matter was before this meeting that the president's address was postponed until the next year; the address considered medical education. We may believe that the society was discreet in its plaudits. In 1833 a member exhibited a fracture appliance which excited much interest. He was thanked for so much of the apparatus as was original with himself.

From about the year '48, the clerks more regularly gave the titles of the dissertations, but no recapitulation of views. Here is one entry, "Dr. Deming gave an interesting account of a case of disease, for which the society returned him their thanks." In the year '50, the first resolutions on the death of a member

were recorded. During the preceding year, Drs. Welch (born in 1768), Woodruff, Woodward and Beardsley had died. Dr. Beardsley had been a member less than two years. Dr. Samuel Woodward and Dr. Benjamin Welch were founders of the State Society.

This is a suitable place to refer to the most famous family of doctors our country has produced. I heard of it in my native county, Fairfield, long before I came to Litchfield County. This dynasty was founded by Ephraim Guiteau. He was of Huguenot stock who migrated to this country immediately after the revocation of the Edict of Nantes, 1685. He was baptized in what is now Bethlehem, a part of old Woodbury of this county, September, 1738; thus a contemporary of George Washington, 1732. He came to Norfolk in 1761, bringing a certificate for character and attainments, signed by a justice of the peace, which expressed the confidence "that he is likely to prove serviceable to mankind wherever he is called or employed." He died in '16, 78 years of age. He assisted in founding this society. He was a cultured gentleman, a prominent physician. During the Revolutionary war he held a commission in the navy, where he rendered distinguished service. He used the French language in his personal needs and was known as an uncommon Latin scholar. An elder brother and a grandson of Dr. Guiteau were physicians in Berkshire County; his son Philo, a physician, worked in Norfolk. He died in '10, aged 44. A grandson, the son of a daughter, was a physician of prominence. He died in '84.

Dr. Guiteau received many apprentices. Benjamin Welch was one of these. He acquitted himself so well and stood in such favor that Dr. Guiteau was pleased to give him his daughter Louisa in marriage. Dr. Welch spent his entire life excepting three years in Norfolk. He was a member of this society when the State Society was organized. He received the degree M.D. in the scheme already noticed when he was seventy years old. He was included in the list of conspicuous physicians of our county. He is thus the second generation in this remarkable family. His oldest son Asa never united with this society. He

spent his professional life in Berkshire County, the latter portion of it in Lee. He died at 62 years of age, childless. All the other sons became members of this society. Benjamin spent the latter portion of his life in Lakeville, where he died in '73, aged 75, likewise childless. He was the leading surgeon in this part of the county. He was very ingenious in devising surgical appliances, and introduced a new era in the treatment of fractures, which was enjoyed not only by this region but by our country. He read a dissertation in the year '35 before the State Society on the Vitality of the Blood. This was considered a worthy paper in its day. I have not been able to find this dissertation.

James spent his entire professional life in Winsted, where he died at eighty, in '86, after a career of 56 years. He was very prominent as a practitioner and consultant, especially in obstetrics. He had a very strong domestic and social nature. He gave me my most vivid and picturesque ideal of a gentleman of the old school. He showed me that the first quality for that character was moderation, the absence of everything like precipitation, bustle, and bewilderment. This poise is thoroughly compatible with activity of mind, energy in action, promptitude and efficiency such as he had. His oldest son, James, thus of the fourth generation, did not go into medicine, but very naturally into the drug business. The second son, John B., united with this society in '60. He entered the medical service of the Civil War and died in the field in '63. Another son, William C., was in this society until he removed to New Haven County. He now lives in New Haven. His only son, Harry Little, the only member of the fifth generation, is a graduate M.D. of Yale '97. He lives in New Haven and has been an assistant at a clinic of the Medical School. The youngest son, Edward H., spent his life in Winsted, where he died in December, '11. He was one of our most constant members. He was our councilor under the present organization of the State Society. He gave his best devotion to the work of this council. A grandson of Dr. Benjamin Welch, by his daughter Luna Selina, Dr. John W. Bidwell, lived and died in Winsted in '97, aged seventy-two. He was a member of this society.

Dr. Benjamin Welch's wife, Louisa Guiteau, died in December '16, aged forty-seven. The next year he married Elizabeth Loveland. You will appreciate the place of this woman in the community when I say that she became grandma to everybody in Norfolk. Foreign and native population alike called her Grandma Welch. A similar fact pertains to Dr. Guiteau's wife. She was a noble woman, universally beloved, and enjoyed the affectionate familiar address, Mother Guiteau. She died at 83, having outlived some dozen years all her own children. She was married at 17 and bore no children after seven years; none of her children lived beyond 47; and with the death of her grandsons, the last in '72, the Guiteau name in this line became extinct. This fact discharges the story you doubtless heard that the assassin of President Garfield, in '81, was a descendant of Ephraim Guiteau. The lines separated before the birth of our Ephraim. Louisa Guiteau Welch was a woman of talent, excellence, ability, and a peculiar lover of truth. (These are not my characterizations; they have come down these hundred years in Norfolk.) At her death the people mourned without consolation. (This is the note of the minister of the church.) Although it is anticipating slightly I shall mention another woman of the family here. She spent but few years in Norfolk. She did not survive to bring up her boy, but she left a fragrant memory of young womanhood for character and conduct among those who knew her. She lived only 28 years. This was the mother of Professor Welch. I would not omit to honor these women. They are a part of this history; they belonged to this family; their works followed them. Elizabeth Loveland's second son, John H., was a member of this society when he removed to Hartford, where he died in '93, aged 66. His son, John W., broke the traditions of the family and engaged in banking. Her first son, William Wickham, spent his entire life in Norfolk, where he worked for fifty-three years, and up to the very last. He held a unique place in the esteem and affections of the people. They loved him. He enjoyed a very high reputation throughout a very extensive territory. "If the doctor cannot come himself tell him not to send a man (his assistant) but his old hat." He spoke the last

word for a large constituency. He was revered. I was attending to a woman one day in the office who had come alone, afoot, more than half a mile, when the doctor came in, glanced at the woman, walked across the floor, passing his hands over each other, palm over back, a movement not strange or unusual with him, and stood at a window looking out. The woman went home and told her family that she was going to die. Dr. Welch had come in and looked at her, and gone across the floor wringing his hands at his realization of her impending fate and had stood at a window looking out to hide his emotions. A superstitious person might easily fancy something of the magician in the doctor from the poise of his head, his long full white beard, and a characteristic side glance of his piercing, black, deeply set eye. Sure enough this woman simply pined away and died in a few days, in spite of all any one could do for her. The men of this family were more than doctors, they were men in community and social life, much sought for counsel, engaging in public movements and manufacturing interests, going to legislative halls. Dr. William W. even held a seat in Congress one term during the fifties. It was the stirring period of the Dred Scott decision, the civil war in Kansas, the rise of the republican party, the campaign of John C. Fremont for the presidency, the rivalry between Stephen A. Douglas and Abraham Lincoln, John Brown's raid at Harper's Ferry. In the year '57 Dr. Welch was a member of the State Society's committee of examination that coöperated with the medical faculty at Yale in graduating students. He was selected to give the annual address before the graduating class, which was an "interesting history of medical science closing with an earnest appeal to the students to faithfulness in the profession they were about to enter." Dr. Welch counted this as one of the most important and interesting functions of his career. He died in '92, nearly seventy-four years of age.

His son, William Henry, again of the fourth generation, is our Professor Welch. You from all over the state honor him, but we give not way to you in our esteem for him. He has been for many years an honorary member of this society; you with us

made him an honorary member of the State Society. I shall tell you we did not fix the date for this celebration until he told us he could and would meet it, that you might have the pleasure of his presence and of his address to-day.

Professor Welch is a graduate A.B. of Yale in the class of '70. He was third honor man in a class of 178 men, 115 graduates. He might have been second or first if he had only anticipated soon enough how near he was going to come to those positions. This would have been the easier for him as the first and second honor men held the same rank. The class of '70 celebrated the fortieth anniversary of their graduation in the year 1910. At the class supper one of the speakers said that a few months after graduation he received a letter from "Billy Welch" in which he stated that he was teaching for that year, that he had not determined yet what he would make his life work; it might be that he would go into medicine. Suppose he had not gone into medicine! I will ease your sigh at the contemplation of such a decision on his part by telling you one thing that would have happened. There would have been a superb professor in some other department of study, learning, and teaching. There is a quality in that man that makes for preëminence whatever he engages in.

When I wrote this paper I did not expect to read it in this historic town, the home of this dynasty of physicians I have just reviewed. The date of settlement of the town is given as 1744. It was incorporated in '58 with 27 families, 44 legal voters. After the battle of Lexington April 19, 1775, twenty-four men stood ready to march at a moment's notice. A portion of Burgoyne's army passed through the eastern section of the township and encamped there. The first minister was settled in 1761. A former physician removed and Dr. Guiteau came in 1761. He found his wife in Norfolk, Phebe Humphrey. Theirs was the first marriage that was solemnized in a frame house in Norfolk, in October, 1762. Dr. Guiteau did not live at what is now our center, but one and a half miles north, in what appears from the northern exposure of this building (the gymnasium of former years) as a hollow, beyond Haystack. The Welch homestead was the third and fourth buildings north of the Norfolk Inn.

In '53, a committee was appointed to report a tariff of fees, which tariff was adopted at the next meeting. At this time there were forty-five members. A paper by Dr. H. M. Knight on Idiocy was deemed to be so pertinent to public information that it was published in the newspapers of the county.

April 25, '61, two weeks after the firing on Fort Sumter, the following entry appears: "The condition of the country elicited many patriotic speeches from the members, and the following resolutions adopted on motion by Dr. Webb, 'That the members of this society furnish gratuitous medical services to the families of those in their respective towns who enter the service of their country in its present crisis.'"

In '70, the expediency of more frequent meetings was discussed, and an appointment was made for June. This meeting was held at the house of Dr. Buel, the president, who furnished a splendid dinner, and later in the day a collation. By the records, this was the best meeting the society ever knew up to that date. The literary programme was ample and splendid.

Case of scrotal hernia, with a new apparatus for keeping it reduced. Dr. Miner.

Case of Lieut. Twiss. Enormous enlargement of abdomen, with description of tumors removed. Dr. Bacon.

Extraction of hairpin from bladder of a child, by dilatation of urethra. Pin covered with earthly deposit. Dr. Hanchett.

Intercapsular fracture of femur. Treatment by rest and position. Dr. Beckwith.

Rupture of uterus with intussusception: recovery. Dr. North.

Puerperal convulsions stopped by rapid delivery after bleeding and chloroform had failed. Dr. Goodwin. Dr. Goodwin was admitted to membership that day.

Case of placenta previa. Dr. A. E. Barber.

Case of suppression of urine without apparent cause. Dr. Bull. Dr. Bull was admitted to membership that day.

Case of Hematuria. Drs. Bull and Porter. The latter was admitted to membership that day.

Treatment of intercapsular fracture of femur with apparatus employed. Dr. Welch; doubtless Dr. Welch of Lakeville, as he was still living; only one Welch was present.

Unusual presentation in labor. Dr. Gates.

Eleven papers, on so important subjects, at one meeting, of this little society. The minutes add—each of these cases was fully discussed, and many other cases were related by the members present.

Dr. Buel then took the society over Spring Hill Retreat.

Subject chosen for general discussion at the October meeting at Wolcottville—Rheumatism in its various forms.

Before departing for their homes the company sat down to a fine collation.

Dr. Buel became president of the State Society in '72.

So inspiring was this meeting that the clerk, Dr. Gates, immediately sent out printed notices of the next meeting and the programme of this meeting that members might have an ideal and be on the alert to attend in October. This meeting seems to have been a starting point of new life and activity in the meetings of the society; meetings were held quarterly. Up to this time, over a hundred years, there is record of only four years in which there had been two meetings, '21, '32, '38, '57. The reports now for the first time are full, giving the views of the dissertators. This innovation was due to the newly-elected clerk, Dr. Gates.

We have thus the lamentable fact that the transactions of our society, for over one hundred years, rest in oblivion. This is a great misfortune, not from their intrinsic value, for they would not influence a soul to-day, but as a matter of history, and curiosity and veneration. I do not mean that we would repudiate them every time. When Galen is quoted, it is not to learn from him, but in his honor. To-day we leave all the gods and idols and traditions in medicine and seek the living teaching of the time.

These full reports disclose that the society introduced for set papers the live topics of the day; the use of alcohol in the treatment of disease; revaccination; the use of chloral and the bromides; the employment of the thermometer in the treatment of the sick. It is interesting to trace the infant steps of this indispensable instrument in commending itself to the members of the society; their reluctance to accept the innovation, their doubt as to its importance. One gentleman resisted the claims

of the thermometer because it was annoying to the patient. On the other hand, it is delightful to see how in the hands of some the instrument solved mysteries, dispelled doubts, and gave unerring suggestions as to diagnosis, and thus made treatment more timely and adequate. Other topics were contagiousness and non-contagion of scarlet fever, and belladonna as prophylactic of scarlet fever; hypodermatic medication. The syringe, likewise, had to win its right to be used by irresistible demonstration of its unique and often sole applicability. Now I suppose (I cannot doubt) that if we had full records it would be seen that our society has all its life discussed the live topics of the day. Its business records certainly were very prompt and active.

In glancing over the earlier pages to confirm this expectation where the clerks have entered the titles of papers, I note, "The recent remedies suggested for the treatment of hydrophobia," in '23, the first mention of subject of a paper. "Origin and treatment of typhus," '27; "Phthisis pulmonalis," '31; "Properties and abuse of antimony," '35; "Medical topography and diseases in Goshen," by Dr. Gold, '41; "Improvement (it should be advancement) of medical science by post mortem examinations," '43; "Use of the speculum"; "tubercular meningitis"; "theory of tubercular consumption," '44; "scarlatina," "reciprocal influences of mind and matter," "diphtheria," "cerebro-spinal meningitis following concussion." Reports on epidemics and diseases were frequent. (There was a committee on this subject at times, often continued for a time.)

At one time the importance and attractiveness of the meetings were so great that it was necessary to put up the bars and resolve that it was irregular to receive members from other counties.

In reviewing the records one thing is striking of them—the lack of consideration of topics relating to childhood and public sanitation.

I am halted by the wording of the caption of Dr. Buel's paper in '23, *The Recent Remedies Suggested for the Treatment of Hydrophobia*. It means that at this time various treatments were vaunted as cures for hydrophobia, cures in the English sense not the German sense. These cures were prophylactic and even if

some cases escaped after using them, others did not. This uncertainty was introduced into the problem because of the large percentage of persons that naturally are not affected by bites of rabid animals, and so this anxious inquiry is made, "has any reliable treatment been found." In a print of last year received from the Pasteur Institute of New York to assist me in this paragraph I find in a tabulation of 1,117 cases bitten by dogs and jackals, the mortality was 44 per cent. In contrast, of 1,398 treated by the method of Pasteur five died, that is thirty-six hundredths of one per cent. The interest in the treatment of hydrophobia was state-wide. The pamphlet issued in '10 by the State Society contained three papers on hydrophobia out of a total of fourteen. Vain as we know these treatments were, we must ever applaud the labors of our predecessors in seeking by any means to rescue men from such a fate as death by hydrophobia. This is another instance in which lack of scientific groundwork allowed our predecessors to flounder about in the abyss of their own devices. For example, along the year 1800 the treatment for persons bitten by rabid dogs was calomel internally (in a case noted six or seven years old up to forty grains) with mercurial ointment over the wounded points which were kept open, and very free inunction. After the paroxysms set in, bark, wine, and opium, sixteen grains of the last in a day, in the case noted. This was known as the stimulating treatment.

A more ambitious prescription against hydrophobia of this same period is the following. "Take of the lower jaw bone of a dog (there does not seem to have been any superstition as to the life history of this bone) burnt and powdered, one-half teacupful, sulphur of Venice one-half teaspoonful, and if you please one-third of a colt's false tongue, and a small quantity of blood-root and poke root; reduce them to a compound, and give the patient one-half a teaspoonful in water; in half an hour give the filings of one-half a copper cent; repeat the operation the following day. The above are sufficient doses for an adult. To a child give discretionally. Use no sweet milk for two or three days."

I have been unable to find out what sulphur of Venice is. A colt's false tongue is a fetal membrane that is stretched over the nostril at birth. The mare immediately snatches this away with

her tongue and lips so the colt will not smother and eats it down. The membrane is about as large as a silver dollar, somewhat elongated. Bloodroot is sanguinaria, with its pretty little flower as white as its racemose root is red. Poke root is red nightshade, *phytolacca*. One of its physiological actions is to induce tetanic spasms. The copper cent was pure metal. It varied in weight, but at this period it weighed 168 grains, so the dose was nearly a dram and a half of metallic copper. Dr. Joseph Foot said of this prescription in 1806—"this like the amulets of old must require great credulity and strong faith to be curative."

In our chronology we have reached the year '70. The annual and semi-annual meetings of this period were always held at Litchfield. After our railroads east and west and south were built this was simply a matter of hardship as everybody was still obliged to use private conveyance in going to Litchfield. At the same time the Litchfield members took no pains to attend. We have failed to have a single Litchfield member look in all day. The by-laws were amended so the April meeting should be held at Winsted, and later we took the October meeting to Torrington. It took resolution to make these changes, and they were not made without due consideration extending over a few years. The results showed that we had indulged the prestige and pride of Litchfield too long.

From the records it is apparent that about thirteen years, beginning with the year 1870, were the golden era of the Society. Meetings were held quarterly, the attendance was so large that eight was made a quorum. Many members took part in the discussions.

There is evidence that the by-laws were a development. A second revision of the by-laws was made in '34. In April, '71, the Society reorganized itself and began a new roll of membership under the Code of Ethics of the American Medical Association, and the by-laws were remodeled to correspond with the amended charter and by-laws of the State Society of July, 1870. There were 49 members.

After the golden era, the Society drooped for ten years until Dr. Wiggin became president and was in position to lend attractions. He brought his rush and energy to the service of the

Society for many years, until his health failed. It was just at this time that he had his important case of enterectomy in the lad of the town of Morris. (This boy was turning a horse out at the close of a day's work and was kicked in the abdomen.) He had employed his favorite operation, that of Maunsell, an Australian surgeon, in the case. He told us that this case secured for him his appointment at the City Hospital of New York, old Charity, so the hundred dollars he sank in the case were well placed. That appointment led him to remove to New York permanently, so we lost him. So great were our obligations to Dr. Wiggin that he received a second election to the presidency. He called one of our meetings to his own house, and in his office operated on a large dog, weighing from 40 to 50 pounds, illustrating the Maunsell operation and the use of Murphy's button. Six months later he slew this dog in our presence to show the condition of the intestine at the points of operation. Time after time Dr. Wiggin left his New York business for a whole day, coming up the night before, to be with us; he liked to be with us, it was a homing instinct with him, always with a paper, and if he was prevented from meeting an engagement to come, he sent the paper on, to be read by the clerk. I was the clerk. We were thus kept informed as to the latest advances and novelties in operative gynecology. I doubt that any of our sister associations were as highly favored in this respect as we were. He did not have any rivals in our membership and did not have to be reluctant and modest lest false motives should be imputed to him. He liked to hear what we had to say. He told us once he was then suffering from mental indigestion from the many good things he had heard that day. It was a trait in him to see good in others and to give applause. It did not detract from his conscious strength to allow merit in another's work. Dr. Wiggin was born near London in '53. He came to this country in his youth. He lies buried on the northern part of the island in Narragansett bay on which the city of Newport is situated.

During Dr. Wiggin's incumbency in July '95 the greatest thing happened to this Society it ever knew. Dr. Dennis made guests of the Society at his house in Norfolk. A company of about

forty convened from all over the state. The papers were of unusual interest. The social time (I wrote it first eclipsed, but fearing some members of the State Society may consider that arrogant, I read it) rivaled that the habitués of the State Society banquets are accustomed to. What do you think; some of those outside guests will call up that meeting to-day when they meet us. Those of you who have the pleasure of attending the reception on Moses Hill four hours hence can fill in the meagre outlines I drew of that meeting and decide for yourselves on the word eclipse or rival. A few years later Dr. Bulkley invited the Society and guests from all over the State to his house in July. This occasion is likewise memorable. Our chief guest to-day, Prof. Welch, was at both these meetings, and Richardson of Boston was at the later. At a July meeting held on Highland Lake Dr. Dennis brought up from Jimmy Wood's museum, which all of us who attended Dr. Wood's clinic half past one Saturday afternoons came to know about, a barrellful of skulls to demonstrate gunshot injuries, the greatest demonstration the Society ever enjoyed. Later Dr. Bulkley entertained the Society again in July. The Society realizing such a spirit of love and helpfulness in these two summer residents of our county made them active members. (As some of you will note that I have not followed chronology strictly in the last few lines I allude to it to say I put it so for succinctness.) The question of ratifying these elections was argued in the convention of the State Society. There was a very obstinate opposition. It would not listen to anything. We had hard work in defending our case. A compromise was offered that these men be made honorary members at once, and not required to lie over a year. This was not satisfactory to us; how could it be? We continued to plead for ratification. Finally some members outside of our number became sympathetic with us and endorsed us. Ratification was granted us by a strong vote, so strong it was not doubted.

During the last years of the last century we used to appoint the January and July meetings in different parts of the county, hoping to secure the attendance of members of those regions who were not in the habit of coming to the legal places of meeting.

It was a futile attempt, and in doing this we took the meeting so far from some who might have gone to the larger centers that these members were prevented from attending. In like manner we used to appoint men as delegates to the State Society to elicit their interest in society matters, with the same negative results. In ten years with a possible attendance of fifty we had only twenty-one representatives. We then evolved the scheme of appointing delegates only from members who were actually at the annual meeting and would agree to go if possible to the convention; in this way we doubled our representation.

An invitation was given the association to attend the opening of the Winsted Hospital in 1902. We held a special meeting there that day and adopted resolutions worthy of the Society's sense of the institution of the hospital and worthy of the prospective service and benefaction the hospital was sure to render to this part of the county. Our optimism did not overexpress the latter consideration as twelve years have shown. The hospital appointed many of our members to the associate staff. The first qualification for appointment to this staff was membership in this county association.

In October '11 the State Society held its semi-annual meeting jointly with us at Canaan. All agreed that it was a delightful meeting.

The physical conditions of Litchfield County are not favorable to a central society. Our two river valleys and their railroads have made it impracticable to go from one valley to the other and have time to sit through the whole meeting without requiring absence from home over one night. The present universal use of the automobile has changed this. The long pulls overland to Litchfield for so many years were unfortunate, so our members generally have not acquired the go-to-medical-meeting habit. But the Society has lived, and those who have made a business of attending the meetings know it has been a center of usefulness. We do not have to go to medical meetings in this age to get ideas, but there is a flavor attending the engagements of a meeting that makes it as important as of old. Very frequently we are successful in getting out one fourth to one third of our membership to a meeting.

The spirit and temper and coöperation of the Society since I have been familiar with it, twenty-two years, have been most admirable. An unbroken harmony has characterized our doings (except in the matter of deserting Litchfield, and of paying for our dinner from the treasury). There never has been a clique, nor even an individual who made trouble, nor a party that was ambitious for office or to rule. We have not in any sense got up this celebration in hope of making a new start, but to celebrate the action of those deserving men who with such appreciation, and insight, and enthusiasm in this sparse community with no large centers, laid the beginnings of a medical society and for the first time in our country kept it alive; thus making us the oldest medical organization in the United States, yes, on this western hemisphere.

OBITUARIES. .

Leonard Ballou Almy, M.D., Norwich.

ANTHONY PECK, M.D., NORWICH.

Major Leonard Ballou Almy, M.D., only son of Albert Henry and Amelia (Ballou) Almy, was born in Norwich, July 17, 1851, and died at his home on Washington Street, Norwich, September 27, 1913, aged 62 years.

It was my good fortune to know Dr. Almy, in his student days, when he was ambulance surgeon at Bellevue Hospital. On leaving the hospital, he married Miss Caroline Webb, and went abroad, where he studied in Paris, London, and Dublin.

Dr. Almy's remarkable memory enabled him to give interesting and graphic accounts of the notable men whom he saw. Of all these men, I think Sir Henry Thompson most captivated him; for he was then at the height of his fame as a rapid lithotritist.

On returning from abroad, Dr. Almy brought the completest surgical outfit in this part of the country. This combined with a great love for his work, soon gave him standing among his professional brethren; and to his credit be it said, his instruments were always at the service of any who wished to borrow; for generosity was one of Dr. Almy's strong points.

Dr. Almy had two passions; one was for surgery; the other for military affairs. A look through his office showed the former, and a visit to his den showed the latter. His den resembled an arsenal. In it was every kind of gun, pistol, sword, dagger, knife, spear, tomahawk, shield and war club ever heard of.

Dr. Almy's love of military affairs was stimulated during the many years when he followed the boys to their annual encampment at Niantic. There he did good work, and developed his knowledge of how to manage a military camp; which knowledge laid the foundation for greater work in larger fields.

Probably that part of his life work to which Dr. Almy looked back with the greatest satisfaction, was his conduct of affairs

during the Spanish-American War. To this work he was called by General Sternberg purely on the strength of the reputation he had made in the management of the state militia.

"In 1886 he was appointed Surgeon to the Third Regiment, Connecticut National Guard, with the rank of Major; and in 1892, was promoted to Brigade Medical Director, with the rank of lieutenant colonel, having charge of all the medical work of the State's military forces."

Dr. Almy was largely instrumental in persuading Mr. Slater to build the W. W. Backus Hospital.

He was, for several years, president of the board of directors, and gave largely of his time to the affairs of the hospital.

Dr. Almy belonged to numerous organizations, such as the Association of Military Surgeons of the United States; the American Medical Association; Society of the Sons of the American Revolution; the Naval and Military Society of the Spanish-American War, and the Naval and Military Order of Foreign Wars.

While Dr. Almy's interests extended far and wide, he was no less interested in medical matters at home. He was an earnest worker in behalf of the Norwich Medical Society; the New London County Medical Society, and of the Connecticut State Medical Society, and was the honored president of each of these societies.

Dr. Almy took just pride in a work entitled "Manual for Litter Drill, for Hospital Corps." This was prepared for use in his own brigade; later it was adopted by the state, for the use of the National Guard; and still later, was adopted for use by the United States Army.

Probably that for which Dr. Almy will be longest remembered by those who knew him intimately was the brave way in which he met and bore one of the greatest calamities that ever befel a Norwich doctor; the manner of meeting this trouble was nothing short of heroic.

In 1906, following prolonged suffering from gangrene of the foot, Dr. Almy submitted to amputation of the leg, above the knee. Healing was delayed for eighteen months. When at last

healing was complete, his friends hoped that he might at least resume office practice, but his health never permitted it.

In 1912, Dr. Almy suffered the loss of the other leg, above the knee. The shock of the second operation was too much for his system. Although the wound healed, his strength never returned, and he gradually failed, until the end.

At times his sufferings were intense, but were borne with a patience and fortitude which excited the keenest admiration of his friends.

A true soldier, to the last!

In the death of Dr. Almy Norwich lost a prominent and worthy citizen; his friends a true friend; and his patients a conscientious and skillful surgeon and physician.

Thomas Jacob Biggs, M.D., Stamford.

FRANK H. BARNES, M.D., STAMFORD.

Thomas J. Biggs, for many years a well-known physician in Stamford and surrounding towns, died on Friday, October 10, 1913, at the Somerset Hospital, Somerville, N. J., of apoplexy, following a chronic interstitial nephritis of several years' duration. He was born June 17, 1865, in Cincinnati, Ohio. Was the son of Jacob and Josephine Biggs. He entered the high school and subsequently took a course in the Ohio Medical College, from which he graduated in 1887. He was also a graduate of the medical department of the University of Cincinnati. Later on, he was assistant in the surgical division of Bellevue Hospital. In 1889 he joined the United States Army and served in the surgical division until 1891. He then gave up the army and began a private practice in Glendale, Ohio, where he was health officer. Subsequently he was inspector under the Cincinnati Board of Health. After leaving Glendale he came to New York City and was Dr. Dawbarn's assistant at the Polyclinic Hospital, where he was also an instructor in surgery. In 1897 he established a private hospital at Stamford, Conn., which he maintained for several years. In February, 1909, he was elected health officer of the City of Stamford and served in that capacity until his death. He was an ardent sportsman and had many trophies of the field and woods at his home. He was a member of several fraternal organizations and was well liked by his fellow townsmen. He is survived by a widow and one son, Albert. He also has a brother in New York City, and a sister, Josephine, at Somerville, N. J. He was a cousin of Dr. Herman Biggs of New York City. Dr. Biggs was a man of most pleasing personality, generous to a fault, always ready and willing to be of service to those about him. Many friends mourn his loss and share a pleasant memory of his well-spent life.

William Walker Brackett, M.D., New Britain.

E. T. FROMEN, M.D., NEW BRITAIN.

William Walker Brackett was born in Bridgeport, Conn., on the 22d day of September, 1871. He was of old New England stock on both father's and mother's side. His oldest known paternal ancestor was Captain Richard Brackett of Braintree, Mass., who came to America in 1629. On his mother's side he descended from one Gregory Stone, who came over from England and settled in Massachusetts in 1630.

His father, Frank A. Brackett, who was principal of a school in Bridgeport, removed to Bristol, Conn., when his son William was about two years of age. After a stay of several years in Bristol, he accepted the principalship of the Northeast School in Hartford, which position he held until his sudden death on April 3d, this year.

Dr. Brackett received his early education in Bristol and Hartford and graduated from Hartford High School. He then entered the Jefferson Medical College of Philadelphia, Pa., where he received his degree as Doctor of Medicine in 1896.

After his graduation he married Miss Esther Savage of Philadelphia and started practice in Upper Lehigh, Pa., where he stayed about five years, after which time he took a post-graduate course in the New York Post-graduate School. Immediately after the completion of this course he located in New Britain, coming to that city in 1902.

His thoroughness, honesty and skill as a physician, combined with a modesty very becoming for a young medical man, made it comparatively easy for him to build up a practice. By close attention to his work he enlarged his clientele every year and enjoyed at the time when he was stricken with his last illness, a very comfortable practice. His good qualities were observed and appreciated by his fellow citizens and although he never sought any public office, he was appointed health officer of the consolidated City of New Britain in 1906 and served as such

three years. When medical inspection was first introduced in the public schools of New Britain, in 1912, he was appointed the first medical inspector, which office he held at the time of his death.

A member of the staff of the New Britain General Hospital since 1903, he was at the time of his death one of the attending surgeons.

He was a member of the local medical society and also of the American Medical Association, as well as of the County and State societies. He was a member of the Masonic Order and several other fraternal organizations.

He died at his home in New Britain on April 21, 1914, after an illness of about a month, from septic infection acquired through accident.

As a physician, Dr. Brackett was successful. He possessed good diagnostic ability, was cheerful and hope-inspiring in the sick-room, never failed to do his duty, and was at all times extremely conscientious. His patients were attached to him and his fellow-practitioners held him in high esteem.

His home life was of the happiest and he enjoyed a peaceful evening at home more than anything else. He was fond of reading—medical works, as well as classic and modern literature, wherein he was very well posted.

Well may we take pride in the fact that so many of our profession die in the harness, from overwork or through some accident inflicted upon them when performing their professional duties, and so it happened to Dr. Brackett, and a patient sufferer he was. For several days in the beginning of his illness, although racked with fever and pain, he kept on doing his work and attending his patients.

He died young, with the best years of his life yet before him—so it seems to his friends, in whose circle his death has left a vacancy difficult to fill.

His pleasant smile and genial personality will not soon be forgotten.

"His memory is fresh in the land
And his name with the names that we love."

William M. Curtiss, M.D., Bristol.

Dr. William M. Curtiss, for thirteen years a physician in Bristol, died at 3.30 Sunday afternoon, May 17, 1914, after an illness extending over a period of a year. He had to give up his practice about a year ago on account of impaired health. He diagnosed his case himself as being tuberculosis but other physicians said he did not have the disease. His own diagnosis proved correct, although he died of brain fever caused by the tubercular condition. He had recently returned from a long course of treatment at the Hartford Hospital.

Dr. Curtiss was the son of Richard and Johanna Curtiss, and was born at Norfolk on November 12, 1869. His early life was spent in that town and he attended the public schools there as well as the Robbins School, where he prepared for college. Entering the Yale Medical College he studied there for two years and then went to the College of Physicians and Surgeons at Baltimore, where he was graduated in 1893. He went immediately to Cornwall Bridge, where he practiced until the summer of 1901. He built up a large practice in that town. He was elected a representative from the town to the General Assembly in 1900 and served on the committee on public health and safety. While in Cornwall he married on June 12, 1895, Miss Genevieve Bierce, who survives him together with a daughter, Miss Mabel Curtiss, a student in the Bristol High School.

Dr. Curtiss came to Bristol in July, 1901. For some years he was one of the busiest physicians in this locality. He was prominent in the secret societies of the city, being a member of Franklin Lodge, A. F. & A. M., Pequabuck Chapter, R. A. M., Stephen Terry Lodge, I. O. O. F., and Compounce Tribe of Red Men.

He leaves an aged mother living in Norfolk as well as two brothers, John Curtiss of Norfolk and Richard Curtiss of Torrington.

Gustavus Pierpont Davis, M.D., Hartford.

A. M. ROWLEY, M.D., HARTFORD.

Dr. Gustavus Pierpont Davis, the son of Gustavus Fellowes Davis and Lucy Strong Davis, was born in Litchfield, Conn., January 16, 1845. With his parents, at the age of eight years, he moved to Hartford, where he made his permanent residence.

His preparatory education was received at the Hartford schools and he entered Yale College, graduating in the Class of '66. He received his medical education at the College of Physicians and Surgeons of New York, and took an eighteen months internship in the New York Charity Hospital. With this firm foundation for his future medical work, he opened his office at 143 Sigourney Street, in the year 1870, and soon by his skill and enthusiasm for his work, commanded the attention of the public and his medical contemporaries. To him the sick and unfortunate appealed most acutely, and the alleviation of their sufferings was his strongest purpose.

He allied himself early in his medical career with the Hartford Hospital in the year 1875 and was intimately associated with it until his death, acting as visiting physician seven years, visiting surgeon twenty-four years, and consulting visiting surgeon for eight years. He took an active part in the management of the hospital; was a director and a member of the corporation, and by his skill, his counsel and general benefactions added much to its growth and standing.

Doctor Davis was a man of initiative ideas and with personal force to carry them through. To him belongs the honor of having been the originator of the first free dispensary in Hartford. This he founded and was personally interested in for several years, finally relinquishing its duties to younger hands.

He was a lover of nature and her beauty, delving into her secrets with admiration, a skillful botanist and a great lover of

birds and animals, and to him who could not, because of adversity, appreciate her beauty, he had great pity, and to brightening the lives of those who were destined to pass through this life in darkness, he devoted much of his time.

For four years he was president of the Board of Directors of the Hartford Institute for the Blind.

To one of such gentle nature and large-heartedness, the sufferings of dumb animals and neglected children especially appealed, and he was one of the original incorporators of the Connecticut Humane Society and was at his death the senior executive officer.

His affiliation with the Travelers Insurance Company as medical examiner prevented him from continuing long in active private practice, but he visited clinics and only a few years before his death took a course in surgical dissection, so enthusiastic was he in his work.

He took an active part in medical societies and was a member of the Hartford City and County Societies, the Connecticut State Society, and the American Medical Association, and was honored by being elected president of the City Society in 1898, and served as trustee from 1902 until 1914, the year of his death.

Upon the decease of our beloved member, Dr. Nathan Mayer, he was presented with a loving cup, symbolic of the esteem, love and affection in which he was held by his associates.

Doctor Davis was a Christian man, a devout Episcopalian, and he became identified with Trinity Church in 1871, and at the time of his death was serving as Senior Warden.

In October, 1870, he married Elise Mitchell, and his wife and three children survive him.

Dr. Davis was a man with humanitarian ideals of the highest type. He was endowed with a simplicity of nature, he had great sympathy and commanded confidence. He drew a sharp line between right and wrong and was as vigorous in upholding the one as he was forceful in denouncing the other. He was devoted to his family, church and state. He was indeed a man much to be loved, and not only Hartford but the State of Connecticut has lost a valuable citizen.

Frederick Bradley Downs, M.D., Bridgeport.

GEORGE L. PORTER, M.D., BRIDGEPORT.

Frederick Bradley Downs, M.D., for many years a practitioner in Bridgeport, Conn., died in that city on the 17th of July, 1914.

He had long been a sufferer from chronic diabetes, and its many complications, and frequently, previous to the final exacerbation of the disease, he had been sick, nigh unto death. During all his serious afflictions and sufferings he ever maintained a dauntless fortitude, although, with professional insight, he comprehended the full significance of the characteristic symptoms of the disease, their progressive seriousness, and the inevitable result; he ever extended to friends a welcome and generous hospitality, and greeted acquaintances, new and old, with a pleasant smile and a cheerful word.

He was born in Danbury, Conn., on January 3, 1856. He was of Colonial ancestry. His grandfather, Bradley Downs, for whom he was named, commanded a company in the Revolutionary Army. Tradition has it that "he paid his men from his private means, and although the Congress gave him script for the amount, it never redeemed the Continental currency."

His parents were George and Flora Crofut Downs. His preliminary training in the public schools of Danbury was supplemented by attendance at the Moore's Mills Institute at Poughkeepsie, N. Y.; his professional education, commenced at the College of Physicians and Surgeons of New York City, was extended after he was graduated, as Doctor of Medicine, in 1878, by services as assistant surgeon in the New York Hospital, and was constantly continued, by a large and varied experience in private practice and official service, during the remainder of his life. In the New York Hospital he enjoyed opportunities to familiarize himself with the diagnosis and treatment of the many diseases, and the significance of the multi-form injuries that are to be found in the wards of a hospital of a great city. In later years this experience proved of great value to him.

He opened an office in Bridgeport in 1880 (first at 436 Main Street, subsequently at 92 Fairfield Avenue, at 237 later 256 State Street, and finally at 906 Lafayette Street). His personal qualities, recognized professional abilities, and gracious acts of charity, combined to soon secure a large clientage and a great body of friends, who never wavered in an affectionate regard for him personally, nor in their loyalty to his interests. In addition to general practice he gave special attention to orthopedic surgery and occupied the chair of this Department at the Bridgeport Hospital for many years. He won, by a sincere sympathy and a personal charm, the confidence of the parents, as well as that of the many little sufferers, whose deformities were removed, or lessened, by his surgical skill. In addition to his work as a physician in general practice, he served the State professionally in an official capacity, as Medical Examiner.

In 1882 a Bridgeport physician read a paper upon "The Recognition of Death," before the annual convention of the Connecticut Medical Society, advocating the repeal of the States "crownor's quest law," an antiquated statute that had long outlived its usefulness,—and the substitution of the modern Medical Practice Act. The convention enthusiastically endorsed the intent of the paper, honored the author with a vote of thanks, and inaugurated a campaign, throughout the State, of Medical Education, that, in the succeeding session of the legislature, achieved the adoption of the present law, by the unanimous vote of both Houses of the General Assembly, an unprecedented action, that since has had no peer regarding enactments upon medical subjects.

Under this law, by the appointment of Coroner Frank Holt, in 1883, Dr. Downs became the first local Medical Examiner in Fairfield County, and so satisfactorily did he administer the duties of this important office, that, during many and radical political changes and under different administrations, he retained the position for twenty-seven years, until his resignation in 1910. During this long term of service occurred many sensational homicides and fatal accidents, and his report of the medical examination largely determined official action. Naturally, if

the States Attorney instituted criminal proceedings Dr. Downs became an important witness and was prominent in the proceedings of the Court, as printed in the daily papers. It was his intent, ambition, and achievement, to testify clearly, concisely, exhaustively, and impartially. His sincerity, and honesty, carried conviction. His large experience in examining the cadaver made him dextrous in manipulation, and wise in judgment.

He enjoyed athletic games and outdoor sports, in some of which he excelled. He was a good horseman, both as rider and driver. He was fond of excursions on land and water, over the game fields of the South or in the depths of the Canadian wilderness. He was skillful with the fly rod, and expert with the shotgun. He was an engaging companion in the city and in the woods, in club house, on the golf links, in car or boat, in mansion or in tent, at a metropolitan banquet, or by the camp-fire, in the pandemonium of an inter-collegiate contest, or in the solemn stillness of a starlit bivouac.

The sincerity of his sympathy was the keynote of his character, and the secret of the strong hold he had upon the affection of even comparative strangers. A lady of wide experience, whose husband had been mildly fascinated by his attractive qualities, once emphatically classified him as a "man's man." He was that, but not only that, for his amiable qualities had a wider recognition. Had the above feminine description been given by a male of equal experience he would have styled the Doctor "a clubable man" in recognition of his social affability, "his quality as a valiant trencher-man, his adaptability to varying conditions of company, place and circumstance, and his proficiency in manly sports."

In his own home he was a gracious entertainer, a cordial and generous host. His social qualities made him a welcome guest in many places, and developed acquaintanceship into friendship, both in Bridgeport and elsewhere, and introduced him to people and places known to comparatively few.

At the time of the Trans-Atlantic Yacht Race for the Emperor's Cup, Dr. Downs was the guest of his friend, Mr. Marshall, the owner of the victorious yacht; and was acting as

the ship's doctor. He participated in the personal hospitalities, and honors, that were so profusely extended to the victor by Emperor Wilhelm of Germany, who presented the Cup, and King Edward VII of England. Few of their own subjects ever received as cordial an individual greeting as was royally given to Mr. Marshall and his staff officers of the good yacht *Atlantic*.

Charitable work is indulged in by nearly all medical practitioners and the Doctor was one of its best exemplars. His charity was extended to associates and to patients. He cordially advised and assisted younger practitioners, and refrained, even under provocation, from retaliation, by harsh criticism, or harmful insinuation. He graciously helped his patients, who were in modest circumstances, at the expense of his own comfort and convenience, and in after years was rewarded by the gratitude of the former recipients of his beneficence. He was an exemplification of the aphorism of Solomon, "A man that hath friends must show himself friendly."

He was a member of the American Medical Association, the Connecticut, the Fairfield County and the Bridgeport medical societies, and of the Medico-Legal Society of New York. Of social clubs he belonged to the Algonquin Outing and Country Club of Bridgeport, and the Lotus Club of New York.

In 1905, he married Miss Alice Platt of this city, who survives him. Of his father's family there are still living three sisters, Mrs. Sarah E. Ferris and Mrs. John H. Lyon of Bridgeport, and Mrs. N. M. George of Danbury, and two brothers, Dr. J. C. Downs of Danbury, and George R. Downs of New York.

A feeling of gratitude for the benefits resulting from the professional skill of Dr. Downs, and an appreciation of his engaging personal characteristics, will long be treasured in the memory of patients and associates.

The sympathy of the friends of Dr. Downs, both within and without the profession, are hereby extended to the family and relatives of our late associate.

This minute to be preserved in the archives of the Society, and copy transmitted to the family.

Charles Edward Froelich, M.D., Hartford.

GEORGE R. MILLER, M.D., HARTFORD.

Definite and positive information regarding the early history of our esteemed colleague, Dr. Charles E. Froelich, has been difficult to obtain, but from the best available sources we learn that he was born at Fort Gibraltar, Spain, in the year 1845, where his father represented the Danish government, as Consul.

He was a graduate of the University of Copenhagen and was a man of superior intellectual attainments. After his graduation he was for a time employed as ship surgeon and it was doubtless in this capacity that he first visited America. What the particular attraction was that influenced him to leave kindred and friends and make his permanent home in this country we do not know, but as early as 1874 we find him identified with the Hartford County Medical Society, and for more than forty years he remained one of its warmest friends and most loyal supporters. He was rarely absent from its meetings and enjoyed an extensive acquaintance among its members.

Dr. Froelich had enjoyed the advantages of a liberal education, was a keen observer and a varied and extensive reader. He traveled much and was thoroughly conversant with the language, customs and habits of different peoples in widely different parts of the world.

When a man's life has extended over the traditional three-score years and ten—the period ascribed by the Psalmist to a long human existence—with all the intellectual faculties keenly alert to the end, with a broad and liberal mind and comprehensive understanding, he must of necessity have stored up in his mind a fund of valuable information calculated to make him an interesting personality. And such he was.

While he had a large circle of acquaintances and friends, I think comparatively few knew him well enough to fully appreciate his sterling character; but those who had known him longest and best—those who had enjoyed intimate friendly relations with him—found in him rather of an unique character.

He had been accustomed, during the latter years of his life, to come to my house frequently of an evening, to smoke a cigar with me; he was often a guest at my table; and the more intimately I became acquainted with him the more desirable qualities I found in him to admire.

He was a most interesting and brilliant conversationalist and would discourse so fluently upon the political conditions in this country and the various countries of Europe that one could not fail to be intensely interested. He conversed intelligently upon religious topics and the religious ideas of various peoples and sects—including Mohammedanism and Buddhism. He spoke seven different languages and was a frequent visitor in the various countries of Europe. During the winter months he had frequently visited the tropical countries of this hemisphere—Venezuela, Trinidad and Barbadoes.

But it is in regard to the personal side of his character that I wish particularly to speak. Although a man of some means, he denied himself all the luxuries of life and was content with simple pleasures. He abhorred anything in the nature of ostentation and traveled and lived in an economical way; and yet, withal, he was a man of generous impulses and found many opportunities to gladden the hearts of those in the humbler stations in life, and was beloved by many for his thoughtfulness and generous acts. He was thoroughly democratic in his ideas and in his manner of dress, and loved to study the modes of life in different countries and among different people. He was received as a guest at the table of wealthy families in Europe, the Buddhist shop-keeper in the Port of Spain, and could adapt himself to conditions wherever he might be.

He possessed the happy faculty of seeing the good in things and in men, and his tongue,

“When it could not praise, was mute.”

Broad-minded, liberal in his ideas, generous to others' faults, and while without church affiliation he respected the convictions of others and was a man of strong religious nature.

He died suddenly of heart disease on the 31st of January, 1914.

Royal Lacey Higgins, M.D., Norwalk.

S. H. HUNTINGTON, M.D., NORWALK.

Dr. Royal Lacey Higgins was born August 10, 1841, in Roxbury, Conn.

He was the eldest son of Lacey and Priscilla Silliman Higgins and was of old New England stock. His ancestors were people of intelligence and integrity, of high standing in the community. He was a direct descendant of Daniel Silliman, who came to America from Italy in 1640, of General Gold Sellick Silliman of Revolutionary fame, and of Benjamin Silliman, the distinguished Professor of Chemistry and Mineralogy in Yale College. Zachariah Lacey who served as Corporal in the Revolutionary Army was his paternal great-grandfather. The Laceys were of Norman descent, the name being originally DeLacey.

Dr. Higgins was justly proud of his lineage, and his life and character showed him a worthy descendant of such ancestors.

His early education was acquired in the public schools of Roxbury and Monroe, and in the Winthrop Institute of Winthrop, Conn.

Before beginning the study of medicine he taught in several schools and spent a considerable time in the study and practice of Civil Engineering, intending to make this profession his life work. His medical studies were pursued under the preceptorship of Drs. Robert Hubbard of Bridgeport, and James R. Woods of New York.

He graduated from the Bellevue Hospital Medical College, March 1, 1867, and came to South Norwalk, Conn., on the same day, beginning there immediately the practice of medicine, and continuing practice in the same town forty-seven years. The last patient he attended before his death was one whom he had attended during the first year of his practice.

He was one of the consulting staff of the Norwalk Hospital, at one time a member of the Board of Health of the City

of Norwalk, and a member of the Fairfield County Medical Association since 1867.

Dr. Higgins was an earnest and enthusiastic Free Mason, being at the time of his death a member of Monroe Lodge, No. 93, F. & A. M. of Monroe, Conn., Butler Chapter, No. 38, R. A. M. of South Norwalk, Clinton Commandery, No. 3, K. T. of Norwalk, and Pyramid Temple, A. A. O. Nobles of the Mystic Shrine of Bridgeport.

He was buried with Masonic Honors by St. John's Lodge, No. 6, of Norwalk.

In the first year of his residence in South Norwalk, he became a member of Trinity Episcopal Church. His marriage to Elizabeth Watkins, daughter of James Young and Catherine Warmly Watkins of New York, took place at the family residence in that city on the evening of February 3d, 1870. One child, May Jerome Higgins, was born to them several years later. The writer personally knew Dr. Higgins for more than thirty years as a physician of marked ability, cautious and conservative but always a student, keeping well abreast of modern thought and practice.

After a seven days' courageous battle for life with pneumonia, on the 15th of April, 1914, as the sun was rising, he calmly passed to rest.

"There is no death! what seems so is transition;
This life of mortal breath
Is but a suburb of a life elysian,
Whose portal we call death."

Marcus Morton Johnson, M.D., Hartford.

JOSEPH E. ROOT, M.D., HARTFORD.

Dr. Johnson was born in Malone, N. Y., April 21, 1844, and died in Hartford, Conn., March 15, 1914. His ancestors were of good old Revolutionary War stock. He opened a private hospital on Asylum Avenue in May, 1892, which was moved to Watnook, Wethersfield, and later to Ann Street, Hartford. In 1896, he erected a finely appointed hospital at 122 Woodland Street, which was very successful until its purchase by St. Francis Hospital in 1910.

He was a remarkably successful surgeon. He had an acute touch, cool, painstaking and skillful. He was original in thought and carried out with courage his convictions.

He will be best remembered as the pioneer in this State in the operation for appendicitis, resulting in a paper read before the State Society, May 25, 1899, on "The Technique of Removing the Vermiform Appendix in 100 Consecutive Cases with two Deaths." This was a remarkable record in view of the fact that the first successful laporatomy had been performed in Hartford only seven or eight years previously. His early contributions to the literature of this subject were his best papers.

He was the first surgeon to St. Francis Hospital and to his skill and reputation the institution owed much of its early success.

In conjunction with the author of this sketch he reorganized the Hartford Dispensary in 1885.

He was a member of the New York Academy of Medicine and of various patriotic and Masonic orders. From 1879 to 1900 he was first surgeon to the Governor's Foot Guard. He was president of the Hartford Medical Society in 1911. In 1884, Dr. Johnson married Helen Lyman Jackson, who, with two daughters, Helen and Ethelyn, survive him; also his mother, who is in her 103d year.

Robert Lauder, M.D., Noroton.

NATHANIEL E. WORDIN, M.D., BRIDGEPORT.

In the death of Dr. Robert Lauder of Noroton, this Society has met with the loss of a skillful physician and surgeon, a man of probity, of independence of thought, and a man of character. A man approved by his fellow men. And those who knew him best will be surprised to learn how humble was his origin, how meagre the resources with which he rose.

Robert Lauder was born in Glasgow, Scotland, May 4, 1840. His father, Robert, was a weaver; his mother was Martha King. He was one of twins but had neither brother nor sister that lived. He fought his battle of life unaided and alone. His early life was spent in Glasgow. Intensely loyal to the land of his adoption, he was always true to the land of his birth, the land of the thistle and the heather, but he left the great city too early in life to have become much impressed by Scott and Peel and Pitt and the great Duke Wellington whose statues in stone and bronze speak patriotism in poetry and prose from their pedestals in George Square and at the Royal Exchange, nor could the great University have planted within him any seeds of desire for knowledge nor the ancient building of Inrogate and High Street filled him with local pride. Yet he was always true to the land of his birth. He came to America with his parents when he was seven years old. They settled in New Jersey. His mother died and the home was broken up. His father came to be in poor health and the boy at the age of eleven was forced to help in the shop to eke out the living, and many a day would the lad get up, go out into the shop and start the loom at four o'clock in the morning. The father, like many adopted citizens from across the sea, enlisted in the service of the United States during the Civil War and died from disease contracted therein. But for years before his father died he had to help with the

home. Meanwhile he was attending the public schools. The family had relatives in Holyoke, Mass. The father died there, and it was this, probably, which brought them out of New Jersey.

Later we find him in Putnam. Putnam is a center for the manufacture of cotton and woollen goods—a place likely to attract a weaver. At Putnam there came to him an event which changed the course of his life and gave him new impulses, new desires. At a series of meetings which was being held there he became converted, the result of which was a decision to lead a life for Christ and his fellow men.

It seemed to him then and there that he ought to have a greater growth, that he should develop himself by further education. He therefore entered an academy at East Greenwich, R. I., to fit himself for college. He was not daunted by his lack of means; he was not phased by his poverty. He looked up to his purpose and had faith in himself that he would either find a way or make one. He wasted no time. He studied day and night. He got up and sawed wood for his breakfast; then he ate his breakfast. He did chores, rang the bell, ran errands, made fires, bore burdens.

But now came on the war with its roll of drums, its stirring appeals to enlist, its enthusiasm, its calls from the government, its opportunity to help free the slave. He enlisted in the Eleventh R. I. regiment, from the East Greenwich Academy. This was a nine months' regiment and he served his full term. He was mustered in October 1, 1862, and mustered out July 13, 1863.

The same year, and it must have been pretty close after his discharge, he entered Wesleyan University. He could have had no preparatory study before passing his examination, thus showing that he had burned the midnight oil to some purpose. The nine months in the army was only a good respite from study and he returned fresh from the field for further forays. Here he earned money by doing the duties of janitor. Through an unfortunate misunderstanding regarding some ruling by the President he voluntarily left the college in his Junior year,

refusing to submit to an injustice which he felt was being put upon him. The University in 1870, recognizing the position to which he had attained and the work he had done in his profession in his church and in his State, conferred upon him the honorary degree of Master of Arts.

Once more out in the world, he found employment as an agent for life insurance and while engaged in that business, on the first of January, 1867, he married Clara Sessions of Windsor. By her he had four children, one of whom, a son and an invalid, survives him. An infant died and was buried with its mother. His oldest son, Robert, was born April 24, 1868. In that same year, nothing daunted, he entered the Yale Medical School. This was in 1868 and he graduated as valedictorian of his class and received his degree of M.D. in 1871. He at once took up his practice in Bridgeport, to which his attention had been drawn while he was soliciting insurance. His office was on Main Street. He identified himself with the First Methodist Church, one of the leading churches of the city. He made his influence felt from the first. He was elected a member of the official board and for more than twenty years had been a trustee of the church and president of its official board. Besides that he had been teacher of a large adults' Bible class. Their presence in a body at his funeral was a marked feature and a testimony to the appreciation of the value and worth of the work of this man.

April 27, 1880, he married Miss Jennie Paddock, who died childless April 12, 1892. They lived very happily together.

At the opening of the Bridgeport Hospital, Dr. Lauder became a member of its staff and entered upon its service. The work at that time was not divided. The physicians went in pairs, doing both medical and surgical work as they might arrange between themselves for three months of the year.

He selected gynecology as his specialty and followed that line of practice. He was eminently successful in it. Upon his being appointed gynecologist to the Bridgeport Hospital he was presented with a gold-headed cane by the nurses—as good a send-off as a man could have. In his operations he was brave but never

rash, thoughtful and thorough, prepared at all points and successful beyond expectation. He inspired his patients with confidence—a confidence which had its seat in self-assurance.

In 1886, the further to fit himself for his work and to keep abreast with the successful and striking advancement of the science of surgery, he took a post-graduate course in New York. Antiseptic surgery had then just begun to be adopted. Listerism, so-called, was used at all the operations. Dr. Lauder brought to the hospital these methods. That institution began to adopt them and thus was begun that which has grown into the fine and delicate technique of the surgical operation of to-day with all its wonderful developments which has resulted in the saving of so many lives. An example of Dr. Lauder's readiness, resourcefulness, and skill cannot be better shown than in a case of Cæsarean section which he successfully performed in the practice of Dr. Seth Hill of Stepney, president of this society in the year 1895. It was the night of August 1, 1890. Dr. Lauder started with two assistants to the relief of Dr. Hill, who stood a faithful sentinel upon his watch tower anxiously awaiting the coming of his relief. The place was an ordinary country farmhouse unprepared for any unusual event. The time was midnight; candles and kerosene furnished the only light. But the diagnosis was made and confirmed, such preparations as could be were completed and the operation was begun. The incision went directly through the placenta. But in this extremely critical moment there was not a second's pause. The foot was seized, the baby pulled out, the flow of blood was stopped, and Dr. Lauder's shout of triumph was like that of the shipwrecked sailor who sights the rescuers' light. The isolated situation, the weird hour, the silence, the burden of responsibility, made the scene a tragic one. For only once before in the medical history of Connecticut had a Cæsarean operation been done within its bounds. The contrast between the ride of the rescuing physicians to the scene, with the load hanging over them and their joyous, happy return with their consciousness of having saved two lives, was in strong contrast.

On the sixth of March, 1894, Dr. Lauder married Miss M. Dora Pullman, a daughter of Rev. Joseph Pullman, D.D., at that time pastor of the Methodist Episcopal Church and later Presiding Elder of the New York Conference. In her he found a helpmate indeed, one who cared for him personally, assumed the duties of his office, was a companion in society and church, an always wise counselor and who gave him two beautiful children. One, a girl, Dorothy, was born August, 1895; the other, a son, Beaton, born 1898. It is more than a coincidence that Beaton is the name of the great Scottish cardinal, archbishop of St. Andrews, the adviser of King James V of Scotland and the one whose hand crowned the beautiful Mary, Queen of Scots and of England, for Beaton was his great-grandmother's maiden name and the boy perpetuates a long line of distinguished ancestry. Both of these children survive and are attending the public schools.

Dr. Lauder served for fifteen years as physician at the Fairfield County jail, the only thing like a political appointment he ever had.

After the death of Dr. M. W. Robinson, Dr. Lauder was promptly selected to fill his place and upon the first of July, 1912, he began his duties as surgeon in charge of the hospital of the Soldiers' Home at Noroton Heights. This appointment came to him as a surprise but was an expression of the Soldiers' Hospital Board of their appreciation of his merits as a physician, his fidelity as an old soldier, of his loyalty and stability as a citizen. He questioned a long time and seriously whether he would accept it. As it relieved him from much anxiety, from long drives in all weathers, from all the uncertainties of a medical practice, he cut loose from his many pleasant associations with Bridgeport, took up his residence at Noroton Heights and adopted a new life with changed conditions and a new routine. The position seemed to agree with him for he became stronger and physically better. He proved an adept too, at meeting the old soldier with an extended hand and an ardent smile. His hand was ever a glad hand. The Doctor in leaving Bridgeport resigned completely his positions in the church, not being willing, as he said, to retain

any official thing to which he could not personally attend. He died suddenly, May 31, 1913. For years he had had attacks of angina pectoris which he had bravely endured alone; he could walk but a short distance without resting. Disturbed twice during the night of the thirty-first, he gave no premonition of the end which was so close before him, but when he was reached his brave spirit had flown. His friends miss him; his brother physicians miss him, but his work was done.

John Benjamin Lewis, M.D., Hartford.

OLIVER C. SMITH, M.D., HARTFORD.

Fifty-three years ago the call of Abraham Lincoln for troops rang through the Northland, and in response John Benjamin Lewis went from Hartford as surgeon to the Fifth Connecticut Volunteers, a young man who was to become an important and valuable factor in the medical department of the Federal Army. He was one of those men in whom great crises develop latent traits of character, and he was able to meet the desperate needs of that tragic time.

In a great war the influence of army life upon the men engaged is of varying character; gentle natures often become brutal and unfortunate habits formed, so that ideals are shattered and life's prospects ruined. In another man character is developed, invaluable experience is gained, and the love of peace, home and humanity is intensified and made secure. During the four years of war the young army surgeon developed a strength of character and skill that increased throughout the rest of his active life.

The writer was fortunate in knowing him in his later life, and was the schoolmate of his children for a number of years. It was not surprising to find the father kind and gentle in all his acts, thoughtful, conscientious and accurate. The splendid characteristics that his friends found in him in the noonday of his life endured until the twilight and the night.

Dr. John Benjamin Lewis came of sterling ancestry; his father, John Lewis, was a teacher of mathematics at West Point; his grandfather, Benjamin Lewis, was a mineralogist and a pioneer investigator of coal deposits in Pennsylvania; his great grandfather, Eleazur Lewis, was a Baptist minister and a soldier in the American Revolution; his mother was Althea Overton of good English descent. His parents were married

at West Point and four years later moved to Greenport, L. I., where Dr. Lewis was born on the 10th of March, 1832. He attended the Powelton Seminary at Newburgh, New York, and prepared for Yale College, but an education of travel was in store for him. The study of the marvels of a tropical country to which he sailed, took the place of the learning of dead languages and higher mathematics, while his diary of travel was his college thesis. He attended the medical school of the University of New York, graduating, in 1853, on his twenty-first birthday.

Dr. Lewis located at Vernon, Conn., in 1853, and started practice, as he said, with a cash capital of one dime. His practice extended over many miles of country; he possessed no surgical instruments, and for his first important surgical case called upon Dr. Beresford of Hartford, who responded and loaned his instruments to the young doctor, who performed the amputation, the patient making a good recovery.

In June, 1855, he married Mary Mann, daughter of the Hon. Jeruall Mann of Dedham, Mass. The following year Dr. Lewis sought a wider field and removed to Rockville, where he engaged in active general practice until the outbreak of the Civil War. He eagerly accepted the appointment of surgeon, and with his regiment immediately entered into active service at the front. Dr. Lewis' ability and skill was at once recognized. In April, 1862, President Lincoln commissioned him Brigade Surgeon, and he was assigned to the department of the Shenandoah in General Shield's division of the second brigade. He rapidly arose to the position of medical director of the division, a post of great responsibility for a man of thirty. When Shield's division was merged with the Army of the Potomac Dr. Lewis was made a general medical inspector and later was placed in charge of a field hospital. Here it is probable that he conceived the plans for improving army hospitals, which he had an opportunity later on to put into striking effect. From this post he was transferred to general hospital No. 6 at Frederick, Maryland. After this he served for a time as medical director for the department of West Virginia, and finally was placed in charge

of the hospital at Cumberland, Md., where he remained until after the close of the war. Dr. Lewis initiated the system of lightly constructed pavilions to contain a single ward. If infectious diseases occurred, the pavilion was destroyed by burning. His excellent management brought this hospital up to a high state of efficiency for those days, and it became one of the largest and best of the army hospitals. Dr. Lewis saw active service in thirteen engagements and skirmishes, including the Battle of Antietam, Port Republic and Winchester.

In 1865, as a mark of gratitude and approval for his "faithful and meritorious" service throughout the war, he was commissioned to the high rank of Brevet Lieutenant Colonel, United States Volunteers. On his return from the war Dr. Lewis resumed his practice in Rockville, and in 1868 removed to Hartford, the final field of his distinguished and varied career.

In 1870 the Travelers Insurance Company, then in its infancy, appointed him surgeon and adjuster in the claims department; in this work Dr. Lewis excelled. His reputation grew until it was second to none; indeed, the value of his service to the Company in those early years was inestimable. He combined a scientific and analytical mind with a judicial temperament, and he knew how to apply his wide knowledge and experience to the multitude of problems and snares which continually beset the Company. His estimate of men, especially of the doctors, with whom the Company had to deal, was unfailing. His detective skill in securing facts which exposed attempts at fraud seemed almost marvelous to the doctors and lawyers who were associated with him, while his fair and just treatment to all won for him the warmest commendation of his associates, the medical profession, and all fair-minded people. He continued in this capacity until increasing age obliged him to relinquish his activities, but his interest survived until the end.

Dr. Lewis' loyalty to the medical profession never fagged; he had the welfare of the national and local societies always at heart. In recent years his severe deafness barred him from participating in our meetings, but he kept informed of all of our important actions and was generous with advice and counsel

at all times. His bequest to the Hartford Medical Society of his medical library, containing 500 volumes, including the only complete set in existence of the Transactions of the Connecticut State Medical Society, is a priceless gift for which the Society is most grateful.

Dr. Lewis was essentially a home-loving man; those who have seen him surrounded by his family and the books of his fine library, his face radiant with kindness and friendship, have felt that his life was ideal. He combined to an unusual degree the qualities of an exacting disciplinarian and organizer, with a quiet, gentle demeanor that endeared him to all, both young and old alike.

Dr. Lewis suffered a sad affliction in the loss of his older daughter, Mary, who died in 1908. He was sustained and comforted by the love of his son, Dr. Wm. J. Lewis, his grandchildren, his devoted wife, and his daughter, Gertrude Lewis, who gave up her cherished work as Superintendent of the Litchfield County Hospital to attend her father in his declining years. Her constant and tender care was a just recompense for his gentle kindness to all God's creatures during his lifetime. At his home on Farmington Avenue, on the 26th of April last, at the age of 82, Dr. Lewis laid down life's burdens and entered into rest.

"He kept the whiteness of his soul, wherefore men mourned for him."

Abiel Ward Nelson, M.D., New London.

J. G. STANTON, M.D., and C. B. GRAVES, M.D., NEW LONDON.

Dr. Abiel W. Nelson was born in Lakeville, Mass., August 24, 1835, the son of Job George Nelson and Fatina Baker Nelson.

After attending the Lakeville schools he went to the Groton Preparatory School at Groton, Mass., after which he went to Brown University, having been graduated in 1857. Selecting medicine as his profession, he studied at Harvard Medical School, obtaining his degree in 1861. After his graduation he enlisted in the 18th Massachusetts Volunteers and served a full enlistment, seeing hard service during the Civil War.

At the conclusion of the war, he became one of the resident physicians at the Taunton Insane Asylum, remaining a year, and then came to Mystic, Conn., and began the practice of medicine. Remaining in Mystic, Conn., for one year only, he came to New London, where he lived until the time of his death, December 6, 1913, completing a residence in New London of forty-seven years.

He located his office in the Morgan house on State Street, two doors east of the present Public Library building. He remained in this office a number of years, building up an extensive practice, diverting himself to practice of surgery, in which he was successful to an eminent degree. Dr. Nelson associated himself with St. James's Episcopal Church, and remained a member up to the time of his death.

Dr. Nelson married Miss Salter, the daughter of Rev. Thomas Salter, an Episcopal clergyman connected with the navy. Of this union came no children; Mrs. Nelson died some years before the Doctor.

While not a prolific writer, Dr. Nelson was the author of many articles on medical topics and at times wrote articles on general topics, which appeared in local and metropolitan papers.

He was a member of the New London Medical Association, the County and State medical societies. He was a Son of the American Revolution; also of the Army and Navy Club of Connecticut, and Surgeon General of the Connecticut Branch of the Mayflower's Descendants. He was a member of the Thames Club, the New London Lodge of Elks, and the Union Masonic Lodge. He patented a policeman's club of rubber, which was intended to stun and not to fracture. Dr. Nelson was very enthusiastic over the club, and most of his medical friends had personal experience of its effect to a greater or less degree, on their own skulls.

Dr. Nelson was broadly educated outside of his medical learning, and this general culture combined with broadening influence of travel and associations outside of the horizon of the limited locality made him more cosmopolitan in his view of things as he advanced in life, modifying a certain positiveness of opinion and expression which was somewhat characteristic of him as a young man.

Dr. Nelson was a very kind-hearted, impulsive man, generous to a degree, happy in doing kindnesses to others, mellowing as he advanced in years. As a physician he commanded our respect and confidence, and as a citizen his example was worthy to be followed.

Otto Gustaf Ramsey, M.D., New Haven.*

WALTER RALPH STEINER, M.D., HARTFORD.

This afternoon the memory of eighteen years ago is as but yesterday to me and I seem to see in the library of the Johns Hopkins Hospital a young man, seated in one of those easy chairs, zealously poring over current medical journals. I was but a student of medicine then, bent upon consulting some book in the library, but his handsome face and his genial, manly air arrested me, so I paused for a moment. He looked up and the smile which lighted his face made him even more attractive to me. I was soon amply rewarded by meeting him and a friendship between us was begun which lasted till "God's finger touched him and he slept."

How the old times come back now and what a flood of memories they bring! I, a student, am making rounds with him, the Resident Gynecologist, on Dr. Howard A. Kelly's staff. There are many desperate cases in the ward we are in, but as he goes from bed to bed with his kindly, sympathetic smile of greeting, and his words of gentle encouragement and hope, the lines of pain soften on the patients' faces and they seem better, some cannot release his hand from their grasp, while others are effusive in their spoken words of thanks and gratitude.

"Hope from his presence grew, strength from his bearing;
Color from darkest hue, light from despairing.

Manly in sympathy, tender as woman;
Something of Christ was here, Godlike, yet human."

A few months later, he asks me to fill a vacancy on that same staff and I then enjoyed a closer touch with him. Subsequently my regular hospital service begun, again on that same staff, and

* Read before the New Haven County Medical Association, at Waterbury, October 22, 1914.

later we followed each other northwards, where at his home in New Haven, on each succeeding Christmas as well as on many other occasions I enjoyed his hospitality and friendship. It is hard to write this record of him, my sense of loss is great, but the memory of our companionship will be the incentive to give me strength and purpose for this task.

Otto Gustaf Ramsay was born in New York City, on January 17, 1870. He was the only son of Carl Gustaf Ramsay, a banker, and Alice Corner, his wife. On his father's side, he was of Scotch ancestry, but the family during the time of Gustavus Adolphus had emigrated to Sweden, where they had since resided. His father, however, had come to this country as a young man, living first at New Orleans, and during the Civil War was engaged in running the blockade. An aunt, the only surviving member of his paternal relatives, still resides in Sweden. His early education was obtained in New York City, but when he was thirteen years old, his family removed from there to Norfolk, Virginia, and he was sent to Hanover Academy in that state. At this academy, he prepared for the University of Virginia, which he entered in 1887, with the intention of becoming a civil engineer. This career for him had been a cherished ambition of his father's but his inclinations were always more toward medicine, so after two years in the engineering department, he entered the medical school of that university. In 1890 he received the degree of doctor of medicine and planned to spend the next year at the College of Physicians and Surgeons in New York, with the intention of taking a similar degree there. An illness, however, cut short his stay and made it necessary for him to leave New York to recuperate.

In the fall of 1891 he came to Baltimore and worked for a year in the Medical Dispensary of the Johns Hopkins Hospital. During the summer of 1892, he served as Resident Surgeon of the Robert Garrett Children's Hospital at Mount Airy, Maryland, and in the fall of that year became Assistant Resident Physician on the service of Dr. William Osler, at the Johns Hopkins Hospital. Dr. Osler has described him then "as being of such a lovable nature that he quickly got into our affections." Here he

spent fifteen months, having as associates such men as Dr. William S. Thayer, Dr. Lewellys F. Barker and the late Dr. John Hewetson. One of these associates, Dr. William S. Thayer, writes, "His figure stands out so clearly as he was then—a most sweet and fresh and engaging presence. The open, bright face, the clear eyes through which shone the purity of the mind that lay behind, the open, cheerful easy manners. I never saw him flurried or impatient or inconsiderate, and his associates then loved him and respected him as sincerely as have the many patients and friends that he has met with since then. The influence of such a man as he will live long after we have gone. For such men set an example to students and to their fellows which permanently raises the standards of their profession." While another, Dr. Lewellys F. Barker, says, "He was a most lovable man, faithful in his duties, industrious, and he set a standard of behavior in general which was noteworthy. Southern in type, his gentleness, his kindness of heart, and his loyalty, impressed everyone. We were all sorry to see him leave but felt sure that wherever he went, he would be a credit to the hospital."

In October, 1893, he accepted the position of Assistant Resident Gynecologist on Dr. Howard A. Kelly's staff, at the same hospital.* He continued in this position until the death of his father, in February, 1894, necessitated his leaving the hospital. In the fall of that year, he accepted a salaried position as Resident of Dr. Kelly's Private Sanitarium and remained there about a year. Then desiring foreign study, he spent twelve months abroad, working most of that time in Ziegler's Laboratory at Freiburg. Returning to Baltimore, he again became a member of the Gynecological Staff, working in Pathology until October, 1897, when he became Resident Gynecologist for a year. During this period, he also acted as Instructor in Gynecology, at the Johns Hopkins Medical School. At the end of this time, he entered into general practice in Baltimore, devoting especial attention to Gynecology. He also retained his connection with

* Dr. Kelly writes: "Dr. Ramsay had to a remarkable degree a quality of sweetness of disposition which is rare in men. He was greatly endeared to us all because of the sterling worth of his friendship."

the Medical School, becoming later an Associate in his specialty. On June the 5th, 1899, he was married at Albany, New York, to Miss Clara Cowling of Louisville, Kentucky. She and a daughter survive him.

In the spring of 1900, he received a call from the Yale Medical School to the chair of obstetrics and gynecology, and in August of that year, he removed to New Haven. His life in New Haven is known to all of you, so I need not dwell upon it. His genial temperament made for him at once a host of friends, his skill in his specialty called him to all parts of Connecticut, and his sympathetic, kindly ways endeared him to his patients, rich and poor alike, making an operation a thing less to be dreaded and easing the suffering of the dying. There was a peculiar magnetism in him which drew many to him. Honest in his opinions and fearless in his pronouncement of them, many patients went to him as the court of last resort and abided by his decisions. For fourteen years he labored unceasingly to attend to the demands of a large and absorbing practice. He had little time for leisure during his working months, but when the summer came, he loved to go up into the woods and spend his time in fishing and hunting. He liked then to share these pleasures with his friends and the happy hours are not forgotten which some of us enjoyed with him during his last summer, in his camp, at Arnold Pond, in the Megantic Fish and Game Club.

On May the 20th, 1914, I came to New Haven to spend two days with him and attend the annual meeting of the State Medical Society. On the evening of the first day we went to the reception at the Osborn Memorial Laboratories. He was very tired, but entered into the entertainment of the members of the State Society with his former zest. On the morning of the second day, he performed with great skill a Cæsarian section before the members of the society, in the new operating room of the New Haven Hospital. I left him early that evening, eager for his Maine outing. Two days later, he complained of a severe headache and soon developed a case of pneumonia, accompanied by a marked hæmolysis of his red blood corpuscles. He rallied for a time under the unremitting care of Drs. Wilder Tileston

and George Blumer. Two transfusions were performed upon him with benefit. We were beginning to entertain faint hopes for his recovery, when he suddenly grew worse on June 12th and at 6:30 P. M. he entered into that within the veil, but the spirit of such a man does not die.

The following fifteen titles form the bibliography of his writings. They all show a thoroughness and a charm of style that makes one regret his later years were so taken up by the exigencies of a demanding practice that no time was left for further literary work. He had planned to write a Practical Gynecology the year before his death, and he has left behind him an outline of the book and a few of its beginning chapters.

His life work is done. He has bequeathed to the world the record of a man, modest and unassuming, whose charm of manner, skill in his specialty and ability as a teacher will live long in the memories of the many who loved him. Throughout his whole life

"he bore without abuse
The grand old name of gentleman."

A Complete Duplication of the Left Ureter from the Kidney to the Bladder. The Johns Hopkins Hosp. Bull., 1896, VII, 201-202.

De l'usage du catheter renal dans le diagnostic et la traitement des maladies des reins et des ureters. Rev. d. Gynecol., 1897, 823-842.

A Study of Sixty-seven Cases of Primary Malignant Tumors of the Supra-renal Gland. The Johns Hopkins Hospital Bull., 1899, X, 20-29.

Some Observations on the Early Use of Purgatives after Abdominal Section. Am. J. of Obstetrics, 1899, XL, 86-74.

An Unusual Method of Performing Hystero-myomectomy. The Johns Hopkins Hosp. Bull., 1900, XI, 77-78.

A Pin Imbedded in the Rectum. The Johns Hopkins Hosp. Bull., 1900, XI, 256-258.

A Case of Myoma of the Bladder. The Phila. Med. J., 1900, 43-44, and 86-88.

The Surgical Treatment of Primary Renal Tuberculosis, with a Consideration of the Immediate and Remote Results after Operations. Annals of Surgery, 1900, 461-485.

The Surgical Treatment of Primary Renal Tuberculosis. Annals of Gynecology and Pediatrics, 1900.

A Case of Congenital Malformation of the Female Generative Organs. Yale Med. J., 1901-1902, VIII, 184-191.

Discussion of the Etiology and Modern Treatment of Eclampsia. Yale Med. J., 1903, X, 81-91, and Trans. Conn. Med. Soc., 1903, 205-217.

The Bossi Dilator for Rapid Dilatation of the Cervix. Trans. Conn. State Med. Soc., 1905, 165-169.

The Relation of Typhoid Fever to Pregnancy and the Puerperium. Trans. Conn. State Med. Soc., 1906, 256-262.

Appendicitis During Pregnancy. Yale Med. J., 1909-1910, XVI, 193-202, and Trans. Conn. State Med. Soc., 1909, 193-202.

Prolapse of the Uterus. Trans. Conn. State Med. Soc., 1913, 223-229.

James Bernard Shannon, M.D., Danielson.

GEORGE M. BURROUGHS, M.D., DANIELSON.

James B. Shannon, M.D., was born in Norwich, Conn., April 5, 1871, the son of James B. and Margaret Cunningham Shannon. His early life was spent in the city of his birth, where he graduated at the Norwich Free Academy. He then entered Holy Cross College, where he graduated in 1894 with the degree of A.B. He then took up the study of medicine at the College of Physicians and Surgeons in New York City, spending his vacations in study under the preceptorship of Dr. Patrick Cassidy of Norwich. After his graduation at the College of Physicians and Surgeons in 1897, Dr. Shannon spent some time in the Lying-in Hospital in New York City.

Dr. Shannon began the general practice of medicine in Hartford, Conn., in 1898, remaining in that city two years; then he came to Danielson, where he remained until failing health compelled him to give up his work. He died of nephritis in July, 1913, at Falls Village, Conn.

Dr. Shannon was, for nearly ten years, a member of the Town School Committee of Killingly. He was punctual in his attendance at all of the meetings of the committee and always took an active part in the work and displayed a keen interest in the welfare of our schools.

Dr. Shannon was not married. In politics, in which he took much interest, he was a staunch Democrat. Professionally he was recognized as a skilled diagnostician and therapist. He was a loyal friend, a genial, whole-souled man, quiet and unassuming. His death seems untimely and his loss is felt by his colleagues, his patients and the community in general.

REPORT OF SPECIAL
COMMITTEES.

Report of Special Committees appointed to consider matter in the Presidential Address relating to Hospital Organization and to the Compensation Act.*

D. CHESTER BROWN, DANBURY.

At a meeting of the House of Delegates, held on Thursday afternoon, May 2, 1914, it was voted that "the President appoint a committee of such size as he thinks best, to act on the recommendations made in his address with reference to hospitals.† In accordance with this vote the President appointed to this committee the members of the Council and of the Committee on Public Policy and Legislation. A meeting of this special committee was held at noon, Tuesday, June 30, 1914, at Hartford. The superintendents of all the general hospitals of the State were invited to attend.

The following were present: Dr. M. L. Harris (Chicago), Dr. D. Chester Brown and Senator Geo. B. Chandler, as guests; Dr. Oliver C. Smith (President), Dr. W. H. Carmalt, Dr. W. R. Steiner, Dr. P. J. Cassidy, Dr. S. M. Garlick, Dr. Elias Pratt, Dr. T. F. Rockwell, Dr. E. J. McKnight, Dr. C. J. Foote, Dr. Eli P. Flint, Dr. R. S. Goodwin, Dr. W. B. Coggsell, Dr. M. McR. Scarbrough representing the Conn. State Medical Society; Mr. F. L. Hutchins (Backus Hospital, Norwich), Dr. A. W. Smith (Hartford Hospital), Mr. W. W. Jones (Bridgeport Hospital), Dr. John Purney (New Britain Hospital), Dr. Edgar A. Wilson (Meriden Hospital), Dr. John B. Kent (Day-Kimball Hospital, Putnam), Dr. W. H. Crowley and Dr. J. F. Dowling

* This report, here presented in an abridged form, was read at a meeting of the Council at Hartford, January 20, 1915. On account of the timely and growing importance of the subject, the Council ordered the report printed in the 1914 Volume of the Proceedings.

† The Presidential Address of Dr. Brown will be found in this volume, pages 93 to 100.

(St. Francis Hospital, Hartford), Dr. W. L. Barber (Waterbury Hospital), Mr. E. B. Bronson (Litchfield County Hospital, Winsted). Dr. W. H. Carmalt represented New Haven Hospital and Dr. D. Chester Brown, Danbury Hospital.

Much interest was shown by all present and the meeting was in every way very successful. The action taken is explained by the following letter :

Aug. 13, 1914.

Dr. D. Chester Brown, Danbury, Conn.:

DEAR DOCTOR BROWN:—At the meeting of the Representatives of the State Medical Society and of General Hospitals of the State, in Hartford, on June 30, you were made chairman of two committees:

First—A Committee of Three, the purpose of which being to get together representatives of the various general Hospitals of the State; the object being to find means of correcting some of the abuses of charitable services offered by the Hospitals and Physicians under the existing systems.

Second—A Committee of Five, the purpose of which being to meet with the Compensation Commissioners to exchange points of view concerning the relations of Compensation Cases to Hospitals and Physicians, and if possible, come to some tentative understanding.

The first committee consists of yourself, as chairman, with Dr. Elias Pratt and Mr. F. L. Hutchins.

The second committee consists of yourself, as chairman, with Dr. Elias Pratt, Mr. F. L. Hutchins, Dr. J. F. Dowling, and Mr. W. W. Jones.

The committees will be asked to report at a meeting similar to the one held June 30. The meeting will be called in December.

Yours truly,

M. McR. SCARBROUGH,

Secretary.

REPORT OF THE SPECIAL COMMITTEE APPOINTED TO CONSIDER
MATTER IN THE PRESIDENTIAL ADDRESS RELATIVE
TO HOSPITAL ORGANIZATION.

After several meetings of the Committee the following letter was decided upon to bring the matters before the superintendents of the Hospitals of the State:

DANBURY, CONN., Sept. 15, 1914.

To the Superintendents of the General Hospitals of Connecticut.

GENTLEMEN:—During the past year three meetings have been held of the Council of the Connecticut State Medical Society that have been devoted to questions of especial interest to the Connecticut Hospitals.

The Presidential address to the Society last June was devoted entirely to the same subjects. As a result a Special Committee was appointed by the Connecticut State Medical Society to take these questions under consideration and take what action was deemed proper.

This Special Committee met with representatives from the General Hospitals of Connecticut in Hartford on June 30th, 1914, and appointed:

(1) "A Committee of Three, the purpose of which being to get together representatives of the various General Hospitals of the State, the object being to find means of correcting some of the abuses of charitable services offered by Hospitals and Physicians under the existing systems."

(2) "A Committee of Five, the purpose of which being to meet with the Compensation Commissioners to exchange points of view concerning the relations of Compensation Cases to Hospitals and Physicians, and if possible come to some tentative understanding."

The Committee of Three appointed is, Dr. Elias Pratt, Torrington; Mr. F. Leon Hutchins, Superintendent of W. W. Backus Hospital, Norwich, and Dr. D. Chester Brown, Danbury, Conn.

This Committee has met, decided on a meeting place and date and adopted an outline for the meeting as a means of bringing *some* of the problems before you at once.

There are other questions needing consideration that it is hoped will be brought forward by each one.

Our Hospitals are meeting problems to-day that they have never had to face before. Some of them cannot be faced singly. The administrative head of the institution is the one that has to be informed as to these. The Committee therefore, earnestly urge the importance of this meeting upon *all* the *Superintendents* of all of General Hospitals of our State.

The Date: September 23d, 11.00 A. M.

The Place: Cox's "New Surf House," Savin Rock, New Haven.

Transportation: Auto from home—trolley from New Haven to the door—from the railroad station.

Shore Dinner: at about 1.30 P. M.

The programme as outlined by the Committee is enclosed, and the person introducing the topic for discussion is shown.

Will you kindly indicate your intention to be present, and the number of shore dinners that you will want, to the Chairman of the Committee?

F. LEON HUTCHINS,
ELIAS PRATT, M.D.,
D. CHESTER BROWN, M.D., *Chairman.*

ENCLOSURE.

A meeting of the Superintendents of the Hospitals of Connecticut is proposed for September 23d at 11 A. M., at Cox's "New Surf House," Savin Rock, New Haven, to consider the subjects given below, which will be introduced for discussion by the person indicated.

1. The position of the Hospital toward patients sent in under the "Workman's Compensation Act."—D. C. Brown, Danbury.

2. The necessity of more private wards in our Hospitals.—Superintendent New Haven Hospital.

3. Wisdom of free treatment for private room patients.—Superintendent St. Francis Hospital, Hartford.

4. Methods of determining an applicant's financial status relative to assignment in private room, private ward or public ward.—Dr. Elias Pratt, Torrington, and Superintendent Stamford Hospital.

5. Advisability of wards for aged infirm and incurables.—Superintendent Hartford Hospital.

6. Uniform system of book keeping for all hospitals of the State to determine what the *per capita cost per diem*.—Superintendent W. W. Backus Hospital, Norwich.

7. The advisability of organizing an Association of Superintendents of Connecticut Hospitals.—Superintendent Bridgeport Hospital.

Can we count on *you* for your part? A more detailed statement will be sent you later but an immediate reply will help the Committee.

The programme as outlined was carried out on the 23d of September with representatives from the following hospitals present; Bridgeport, Danbury, Grace, Greenwich, Griffin, Hartford, Meriden, Middlesex, New Britain, New Haven and Waterbury. Other subjects than those on the programme were brought up and discussed and a very general interest was manifested in the purpose of the meeting. At the close of the meeting, Mr. W. W. Jones of the Bridgeport Hospital was made temporary chairman and was asked to appoint a committee of five to consider ways and means of creating an organization of Superintendents of Connecticut Hospitals.

Action by Mr. Jones was delayed to allow of the study of the scope of the work of the committee appointed by the Governor. As soon as it was seen that this committee would not in any way affect the need of organization of Hospital Superintendents, Mr. Jones appointed the following superintendents to take up

the question of permanent organization: F. Leon Hutchins, Backus Hospital, Norwich; A. W. Smith, Hartford Hospital, Hartford; Mary Durnin, Danbury Hospital, Danbury; Simon Cox, New Haven Hospital, New Haven; William W. Jones, Bridgeport Hospital, Bridgeport.

REPORT OF THE COMMITTEE OF FIVE APPOINTED TO CONFER
WITH THE COMPENSATION COMMISSIONERS.

The Committee, under the misapprehension that Commissioner Chandler was Chairman of the Commission, wrote to him and told him of the purpose of its appointment and received this very courteous reply from Chairman Russell:

Nov. 11, 1914.

Dr. D. Chester Brown, Danbury, Connecticut.

DEAR SIR:—I am informed by my colleague, Commissioner Chandler of the First District, that you represent the State Medical Society of Connecticut in requesting a conference between the Board of Compensation Commissioners and a committee representing the Society, said conference to take place at eleven o'clock on November 19th at the Graduates Club in New Haven.

As chairman of the Commission, I take pleasure in accepting your invitation and informing you that the Commissioners will be present at that place at the time suggested.

It will also give me pleasure to make arrangements for our entertainment at the Club, both with respect to a room for the conference and the luncheon which will constitute a pleasant part thereof.

Looking forward with pleasure to the opportunity of conferring with your committee concerning matters of common interest, I am

Very truly yours,

TALCOTT H. RUSSELL,
*Chairman of the Board of
Compensation Commissioners.*

At the meeting at the Graduates Club, New Haven, all of the committee were present with the exception of Mr. Hutchins, who was unable to meet the date. All of the Commissioners were

present although Commissioner Russell, who was just recovering from an illness, was represented in the active work by Mr. Geo. E. Beers. Mr. Russell himself came in for a few minutes and indicated his interest in the matters up for discussion. The talk was very informal and covered a great deal of ground and at the termination of the conference the Commissioners asked that your committee make a draft of some of the matters taken up and attempt to express the position of the hospitals and the medical profession, a copy to be sent to each of the Commission. It was accepted that this could not be done authoritatively for either the hospitals or the medical profession, but that there was not time to await reference to the State Society and obtain any results this year. The committee, therefore, drafted the following recommendations:

To the Honorable Board of Compensation Commissioners, State of Connecticut,

GENTLEMEN:—Pursuant to the action taken at a meeting of a joint committee representing the Connecticut Medical Society and the hospitals of Connecticut with your Board at New Haven, November 19th, 1914, the joint committee have the honor of submitting the following recommendations for your consideration in making the report incumbent upon you under section 18 of the "Compensation Act."

Section 7 limits the liability of the employer for care and attendance to thirty days, "immediately following the injury." This is an injustice to those cases that do not develop a disability until a number of days after the injury and to those cases that are not restored to activity in that time and still require treatment.

We recommend that the law stand as it now is but that this be added: "At the discretion of the commissioner in whose district the case is, an order may be given, authorizing an examination of the case by a competent disinterested physician, at the expense of the employer, to determine, if in his opinion, treatment is still necessary, and on the report of such physician, the commissioner may order continuance of treatment at the expense of the employer."

We recommend an amendment to section 8, last clause, so that it shall read: "but if incapacity extends beyond a period of two weeks, compensation shall begin on the day that incapacity resulted from the injury."

Section 12 compensates for the "complete and permanent loss" of the function of a member but does not compensate for permanent, *partial*

loss of the function of a member. We recommend that such permanent partial disability be rated in fifths and that the compensation awarded be as many fifths of the award for total permanent disability as there have been fifths of function lost.

If the spirit underlying this act is to make each industry carry the expense of the casualties that occur in the conduct of that business, it fails of doing so when the hospitals and physicians are forced to care for them at a loss or as charity cases. It costs the hospitals from ten to fifteen dollars per week to care for cases. If compensation cases are placed in public wards at seven dollars per week the balance has to be made up of contributions that are made for charity, and physicians should not be asked to treat these cases for nothing in hospitals any more than they are asked to treat them outside for nothing.

We recommend that these cases when needing hospital treatment be placed in semi-private wards at a rate that reëmburses the hospitals for the expense of their care and that physicians rendering services to such cases be paid at the rate of office charges as prevail in the same community for similar treatment of injured persons of a like standard of living when such treatment is paid for by the injured person.

Respectfully submitted for the Committee,

D. C. BROWN, M.D.,
Chairman.

As a result of this communication the following correspondence took place:

NEW HAVEN, December 8, 1914.

Dr. D. C. Brown, 330 Main Street, Danbury, Connecticut.

MY DEAR DR. BROWN:—I have received from you your letter of the 30th, a copy of which you have sent to the Commissioners, with the exception of Dr. Donohue. In accordance with your request, I am forwarding Dr. Donohue's copy which you sent to me. The Commissioner is Dr. James J. Donohue, and his official address is 748 Main Street, Willimantic, his home address being 43 Broadway, Norwich.

Mr. Russell has fixed Thursday the 10th as a tentative date for a meeting of the Commissioners, and your communication will be referred to the Board at that time. As I read it, one or two points occur to me. Would you give the Commissioner discretion to extend the period of medical services indefinitely, so that it would perhaps stretch over a term of years? There would probably be a great deal of opposition to so broad a rule as that.

Would it not be better to have the period of medical services begin on the day that medical attention becomes necessary, rather than on the

day when incapacity begins? The two dates, of course, might not coincide.

I note with interest your suggestion as to partial loss of function.

As to the hospital cases, I can see no solution of the problem presented, if the present law is to be changed, other than to place compensation, as you have put it, upon a cost basis. It might be well to limit this provision to institutions supported in whole or in part by the State or by private endowment. It might well be that in the case of some special injury proper practice would indicate sending the patient to some private institution, run for profit, and in that case I see no reason why the ruling rate should not be paid. I refer of course to a case of some peculiar injury where highly specialized treatment is required, which might not be obtainable in a public institution. I assume that such cases may arise, but have no definite form of injury in mind.

It would probably also meet a criticism that might be presented if it was provided that there should not be charged for the patient in question a higher rate than for other patients receiving the same treatment in the same or similar wards or rooms. The plan on the one hand ought to take cases out of the class of charity cases, but should not lend itself to the criticism—whether just or unjust—that a workman paying his own way gets exactly the same sort of treatment, under exactly the same conditions, for a fraction of what his employers get it for him. The semi-private ward scheme will very likely solve this difficulty.

It might be well to work out a little more in detail the scheme for private charges of physicians when attending compensation cases in hospitals. As you say, the time required is at the minimum, and the mileage is practically nothing. The physician undoubtedly gets an indirect advantage from connection with the hospital, an advantage which forms one of the motives leading physicians to attach themselves to hospitals. This motive may not be the principal one, but it must exist. It might be demanded by public sentiment that a materially less rate be charged on account of the considerations above.

You will of course appreciate that in writing this I am simply throwing out suggestions of points which you may want to cover in whole or in part in a letter to go before the Commission at its next meeting. I write this for yourself and the other members of the Committee only. I have tried to put myself in your place for the moment, and get into your ways of thought in order to see if any suggestions could be made in the way of shaping up the plans which you wish to present. You will appreciate that I am not even expressing my own mature deliberations, or taking any position in the matter, much less seeking to give expression to anything that may be regarded as the sense of the Commission, or of this office.

In this office we should feel that we should render any aid we can to secure a full and fair presentation of your views, but should not take a definite position as to possible changes in the law, so far as they involve questions of general policy and not mere matters of detail. We are inclined to take a rather strict view of the duty placed upon the Commission to suggest legislation, and to think that broad matters of policy are for the Legislature, and not for the administrative body principally concerned. I am taking this matter up at the request of Mr. Russell.

Yours very truly,

GEORGE E. BEERS.

MY DEAR MR. BEERS:—Your letter of December 8th came duly to hand at a time when I could give it no attention, so I turned it over to a colleague for digestion and enclose his notes on the matters under consideration. I trust you kept a copy of the letter so I can refer to it.

The first point you raise is: Would you give the Commissioner discretion to extend the period of medical services indefinitely? I would answer, Yes, and by all means. The object of the bill is to restore the injured party to an ability to produce equal to that which he had before his accident and at the expense of the industry through which his productivity was curtailed. Thirty days is too short for many of these cases. If an injustice is done the employer he has a resort to the court to give him redress over the action of the Commissioner, but the injured party has no redress even though he is still under great expense, and still far from earning a support. The idea is to make this automatic at the end of thirty days so that the case may then be brought to the notice of the Commissioner as not yet restored and still needing treatment. "At the expense of the employer"; as he is the one benefited by having proper treatment, if it has not been given, and it is for his benefit to have a review of the case. Also, it places an obligation on the attending surgeon to have the case ready for review. It leaves it "*at the discretion of the Commissioner.*"

Should the "period stretch over a term of years" is it the man's fault? Is he not as much entitled to complete restoration as to partial? It is an awkward proposition both for the employer and the employee, but the purpose of the bill, as I gather it, is to restore the function if possible.

Your next query: "Would it not be better to have the period of medical service begin on the day that medical attention becomes necessary?" The clause in question does not refer to medical attendance but to the waiting period of two weeks before a man draws compensation. If he is laid up only two weeks he can negotiate that himself, in the

majority of instances, but it has been observed that when a man begins a period of non-productivity by a two weeks' loss, he has not the reserve with which to care for his family. He is as much entitled to that two weeks as to any portion of it if he is laid off for a longer time. I would not advocate compensation for any period less than two weeks but only "if incapacity extends beyond a period of two weeks."

Relative to the hospital semi-private wards, Dr. Brownlee's letter covers the ground a little differently from the way in which it was taken up at our meeting. The recommendation was not for any change in the bill but for adoption by the Board of Commissioners and to have an understanding with the various hospitals and the medical profession that such an understanding did exist; then, when the matter is referred to the insurance companies, they would not feel that they were being treated unfairly and would have a basis on which to make their rates.

While the Commissioners are of the type that they now are it would be difficult to convince any of the parties interested in the working out of the act that anything entered into their consideration but true interpretation of the act as it now stands. If we can avoid any of the parties fortifying themselves in a position of hostility, and bring them all to an unselfish consideration of the position occupied by the others, and still have an available means of getting together and clearing up questionable points, we shall all do much toward making the conditions ideal.

The part of your letter relating to your expressing personal opinions and not such as involve any action of the entire Board expresses exactly the position of our Committee and our Society. We are not authorized to enter into any action binding them but are instructed to present what light we can on the operation of the act as seen by us.

With many thanks for your cordial appreciation of our efforts, and trusting that you will find them of some value, I am

Yours very truly,

D. CHESTER BROWN,
for the Committee.

DANBURY, CONN., Dec. 23, 1914.

MEMBERS OF THE
CONNECTICUT STATE MEDICAL
SOCIETY.

MEMBERS OF THE SOCIETY.

HONORARY MEMBERS.

THOMAS ADDIS EMMETT.....	New York City, N. Y.
WILLIAM HENRY WELCH.....	Baltimore, Md.
ROBERT FULTON WEIR.....	New York City, N. Y.
HON. CHARLES E. GROSS.....	Hartford, Conn.
DAVID WEBSTER.....	New York City, N. Y.
SIR JAMES GRANT.....	Ottawa, Canada.
HENRY O. MARCY.....	Boston, Mass.
T. MITCHELL PRUDDEN.....	New York City, N. Y.
WILLIAM W. KEEN.....	Philadelphia, Penn.
J. W. S. GOULEY.....	New York City, N. Y.
REYNOLD WEBB WILCOX.....	New York City, N. Y.
WILLIAM OSLER.....	Oxford, England.
GEORGE M. STERNBERG.....	Washington, D. C.
FRANCIS DELAFIELD.....	New York City, N. Y.
WILLIAM C. GORGAS.....	Washington, D. C.

ACTIVE MEMBERS.

The Names of those who have been Presidents are in Capitals.

HARTFORD COUNTY.

WILLIAM R. MILLER, M.D., Southington, *President*.
FREDERICK T. SIMPSON, M.D., Hartford, *Vice President*.
ALBERT R. KEITH, M.D., Hartford, *Secretary*.
Councilor—WALTER R. STEINER, M.D., Hartford.
Censors—GEORGE N. BELL, M.D., GEORGE H. BODLEY, M.D.,
WILLIAM R. MILLER, M.D.

Annual Meeting, First Tuesday in April; Semi-Annual Meeting,
Fourth Tuesday in October.

Hartford:

David Crary	926 Main Street.
William W. Knight.....	254 Trumbull Street.
Thomas D. Crothers.....	142 Fairfield Avenue.
Ellen H. Gladwin.....	705 Asylum Avenue.
Frederick S. Crossfield.....	75 Pratt Street.
William D. Morgan.....	49 Pearl Street.
John F. Axtelle.....	635 Main Street.
George K. Welch	26 State Street.
Phineas H. Ingalls.....	49 Pearl Street.
Edward K. Root.....	49 Pearl Street.
John Howard.....	1337 Main Street.
Charles D. Alton.....	75 Pratt Street.
OLIVER C. SMITH.....	44 High Street.
Joseph E. Root.....	67 Pearl Street.
William Porter, Jr.....	179 Allyn Street.
Frederick T. Simpson.....	122 High Street.
George R. Miller.....	51 Church Street.
Charles C. Beach.....	125 Trumbull Street.
Gideon C. Segur.....	67 Farmington Avenue.
George C. Bailey.....	65 Church Street.

Alva E. Abrams.....	36	Pearl Street.
Charles E. Taft.....	98	High Street.
Thomas F. Kane.....	517	Main Street.
Arthur J. Wolff.....	904	Main Street.
Ansel G. Cook.....	179	Allyn Street.
Edwin A. Down.....	902	Main Street.
Daniel F. Sullivan.....	64	Church Street.
EVERETT J. McKNIGHT.....	110	High Street.
Benjamin S. Barrows.....	164	High Street.
Michael A. Bailey.....	434	Main Street.
George N. Bell.....	44	High Street.
Frank L. Waite.....	68	Pratt Street.
Charles S. Stern.....	75	Pratt Street.
Franklin L. Lawton.....	295	Main Street.
John H. Rose.....	75	Pratt Street.
John B. Waters.....	281	Trumbull Street.
Joseph B. Hall.....	36	Pearl Street.
Edward O. Elmer.....	805	Park Street.
Janet M. Weir.....	282	Sigourney Street.
John F. Dowling.....	1315	Main Street.
Philip D. Bunce.....	98	High Street.
Wilton E. Dickerman.....	125	Trumbull Street.
John B. Boucher.....	25	Charter Oak Avenue.
Levi B. Cochran.....	50	Farmington Avenue.
James H. Naylor.....	1	Main Street.
Charles P. Botsford.....	219	Collins Street.
James H. Standish.....	340	Windsor Avenue.
Michael H. Gill.....	36	Pearl Street.
John B. McCook.....	390	Main Street.
John W. Felty.....	902	Main Street.
Thomas W. Chester.....	110	High Street.
Joseph A. Kilbourn.....	271	Park Street.
Thomas B. Enders.....	3	Highland Street.
Charles A. Goodrich.....	5	Haynes Street.
Alfred M. Rowley.....	53	Main Street.
Irving DeL. Blanchard.....		
Emil G. Reinert.....	109	Ann Street.
Frederick L. McKee.....	68	Pratt Street.
Edward R. Lampson.....	125	Trumbull Street.
E. Terry Smith.....	70	Cone Street.
William H. FitzGerald.....	904	Main Street.
Emma J. Thompson.....	287	Trumbull Street.
Patrick J. Ryan.....	316	Park Street.
Walter R. Steiner.....	4	Trinity Street.

Ellen P. O'Flaherty.....	140 Main Street.
C. Brewster Brainard.....	98 High Street.
Eckley R. Storrs.....	179 Allyn Street.
Ernest A. Wells.....	2 Garden Street.
William H. Van Strander.....	61 Church Street.
James H. Conklin.....	89 Pratt Street.
Orin R. Witter.....	44 High Street.
Frederick B. Willard.....	80 Church Street.
Henry E. Adams.....	194 High Street.
William T. Owens.....	703 Main Street.
John C. Pierson.....	50 Windsor Avenue.
Henry F. Stoll.....	75 Pratt Street.
Paul P. Swett.....	803 Main Street.
Mark S. Bradley.....	36 Pearl Street.
Harry C. Clifton.....	98 High Street.
Robert S. Starr.....	75 Pratt Street.
Arthur C. Heublein.....	42 High Street.
Whitefield N. Thompson.....	30 Washington Street.
Maude W. Taylor.....	107 Edwards Street.
James J. Boucher.....	429 Capitol Avenue.
Isaac W. Kingsbury.....	36 Pearl Street.
Edward J. Turbert.....	18 New Park Avenue.
Patrick F. McPartland.....	1341 Main Street.
Thomas F. Welch.....	356 Windsor Avenue.
James C. Wilson.....	164 High Street.
Robert L. Rowley.....	49 Pearl Street.
Horace C. Swan.....	11 Lincoln Street.
Otto G. Wiedman.....	377 Albany Avenue.
Thomas N. Hepburn.....	42 High Street.
Henry A. Martelle.....	112 High Street.
Charles T. Beach.....	686 Main Street.
Edward H. Blair.....	Dillon Court Hotel.
James W. Ward.....	437 Capitol Avenue.
George F. Vail.....	36 Pearl Street.
Clarence M. Hatheway.....	110 High Street.
Albert R. Keith.....	43 Farmington Avenue.
Joseph P. Ryan.....	44 Church Street.
Arthur H. Griswold.....	42 Church Street.
David J. Molumphy.....	517 Main Street.
Morris Tuch.....	1333 Main Street.
John B. Griggs.....	44 High Street.
Andrew M. Outerson.....	104 Church Street.
Charles H. Borden.....	36 Pearl Street.
James F. Rooney.....	308 Park Street.

Henry Bickford.....	111	Ann Street.
Paul Waterman	44	High Street.
William B. Bartlett.....	42	High Street.
Howard B. Haylett.....	158	High Street.
Domenico DeBonis.....	94	Windsor Avenue.
Calvin Weidner.....	49	Pearl Street.
Jeremiah E. McSweeney.....	6	Wethersfield Avenue.
John C. Rowley.....	50	Farmington Avenue.
William E. McClellan.....	125	Trumbull Street.
Henry C. Russ.....	114	Woodland Street.
Dwight W. Tracey.....	5	Wethersfield Avenue.
Albert E. Cobb.....	1	Spring Street.
Abraham Fischer.....	149	Windsor Avenue.
Walter G. Murphy.....	275	Farmington Avenue.
Richard J. Dwyer.....	186	Franklin Avenue.
Howard W. Brayton.....	44	High Street.
Henry G. Jarvis.....	98	High Street.
Philip T. Kennedy.....	64	Ann Street.
Robert M. Yergason.....	902	Main Street.
Leon I. Madden.....	36	Pearl Street.
Amos T. Harrington.....	17	Russ Street.
Julius L. Birdsong.....	110	High Street.
Michael J. Morrissey.....	18	Asylum Street.
Frank J. Ronayne.....	66	Church Street.
Edward J. Whalen.....	904	Main Street.
Neil H. Bailey.....	248	Laurel Street.
Robert J. Boyle.....	332	Franklin Street.
James H. Biram.....	98	High Street.
Eliot S. Cogswell.....	122	High Street.
Henry N. Costello.....	61	Belden Street.
William H. Crowley.....	15	Charter Oak Avenue.
Claude V. Flaherty.....	305	Park Street.
Charles E. Jones, Jr.....	98	High Street.
Arthur B. Landry.....	76½	Church Street.
William F. Reardon.....	803	Main Street.
Charles W. Daly.....	381	Capitol Avenue.
Edward A. Deming		Asylum and Spring Streets.
F. Arthur Emmett.....	1295	Main Street.
Charles V. English.....		
Daniel Cantarow.....	73	Windsor Avenue.
Clinton D. Deming.....	29	Wethersfield Avenue.
William F. Meagher.....	75	Francis Avenue.
Joseph E. Strobel.....		
John H. T. Sweet.....	71	Church Street.
Robert L. Waite.....	301	Sargent Street.

Avon:

Vernon H. C. Morse.

Berlin—EAST BERLIN:

Thomas C. Hodgson.

KENSINGTON:

Roger M. Griswold.

Bloomfield:

Thomas H. Denne.

Bristol:

Arthur S. Brackett.
Benedict N. Whipple.
William W. Horton.

Canton—COLLINSVILLE:

George F. Lewis.
Ralph B. Cox.
George W. Eddy.
S. S. Campbell.

East Hartford:

Thomas S. O'Connell.
Franklin H. Mayberry.
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Howard O. Allen.
Harold S. Backus.

Enfield—THOMPSONVILLE:

George T. Finch.
Henry G. Varno.
Michael J. Dowd.
John L. Bridge.
Thomas G. Alcorn.

HAZARDVILLE:

Simon W. Houghton.

Farmington:

Stuart E. Phelps.

UNIONVILLE:

William T. Morrissey.

Glastonbury:

William S. Kingsbury.

SOUTH GLASTONBURY:

Henry M. Rising.
Harry B. Rising.

Granby:

Vincent J. Irwin, Jr.

Manchester:

Harry R. Sharpe.

SOUTH MANCHESTER:

Thomas H. Weldon.
William S. Gillam.
Noah A. Burr.
Thomas G. Sloan.
George W. May.
William R. Tinker.
Richard W. Rice.

New Britain:

George Clary.
Erastus P. Swasey.
Michael J. Coholan.
Robert M. Clark.
Hermann Strosser.
Kenneth E. Kellogg.
Thomas E. Reeks.
Ernst T. Fromen.
Catherine H. Travis.
Theodore G. Wright.
Maurice W. Maloney.
John Purney.
George H. Bodley.
Samuel W. Irving.
Joseph H. Potts.
Arvid Anderson.
Charles L. Gillin.
Clifton N. Cooley.

Plainville:

John N. Bull.

Rocky Hill:

Oran A. Moser.
Julius E. Griswold.

Simsbury:

John P. Carver.

TARIFFVILLE:

Charles M. Wooster.

Southington:

Willard G. Steadman.
William R. Miller.

Suffield:

Joseph A. Gibbs.
Arthur P. Noyes.

WEST SUFFIELD:

William E. Caldwell.

West Hartford:

Charles O. Purinton.
Edwin B. Lyon.
Ralph W. E. Alcott.
Henry A. Deane.

Wethersfield:

Edward G. Fox.
Arthur W. Howard.

Windsor:

Howard F. King.

Windsor Locks:

Joseph A. Coogan.
William J. Coyle.
Myron P. Robinson.
Richard A. Outerson.
Anna E. Coyle.

Total Number, 229.

NEW HAVEN COUNTY.

HENRY G. ANDERSON, M.D., Waterbury, *President*.

CHARLES W. GAYLORD, M.D., Branford, *Vice President*.

WILLIS E. HARTSHORN, M.D., New Haven, *Secretary*.

Councilor—WILLIAM H. CARMALT, M.D., New Haven.

Censors—WILLIAM F. VERDI, M.D., MICHAEL J. LAWLOR, M.D.,
THOMAS M. BULL, M.D.

Annual Meeting, Third Thursday in April; Semi-Annual, Third
Thursday in October.

New Haven:

Frederick A. Ruickoat.....71 Olive Street.
Frederick Bellosa.....125 Sherman Avenue.
WILLIAM H. CARMALT.....261 St. Ronan Street.
T. H. Russell.....137 Elm Street.
F. H. Whittemore.....69 Elm Street.
C. P. Lindsley.....59 College Street.

Henry Fleischner.....	928 Grand Avenue.
M. Mailhouse.....	45 Elm Street.
M. C. O'Connor.....	882 State Street.
C. E. Park.....	42 Elm Street.
Gustavus Eliot.....	209 Church Street.
J. E. Stetson.....	Union League Club.
J. F. Luby.....	1210 Chapel Street.
W. W. Hawkes.....	31 High Street.
F. H. Wheeler.....	27 Perkins Street.
B. L. Lambert.....	578 Howard Avenue.
F. W. Wright.....	48 Pearl Street.
O. T. Osborne.....	252 York Street.
L. C. Peckham.....	141 Greene Street.
L. S. DeForest.....	335 Orange Street.
Henry L. Swain.....	232 York Street.
Mary B. Moody.....	Sherland Avenue.
G. F. Converse.....	1 Whalley Avenue.
J. H. Townsend.....	62 Trumbull Street.
C. J. Foote.....	26 Elm Street.
S. J. Maher.....	212 Orange Street.
J. W. Seaver.....	Florida.
Louis B. Bishop.....	356 Orange Street.
H. W. Ring.....	185 Church Street.
W. C. Welch.....	59 College Street.
A. O. Baribault.....	209 Chapel Street.
Rollin McNeil.....	149 Bradley Street.
E. M. McCabe.....	287 Orange Street.
James M. Reilly.....	337 Cedar Street.
C. E. Skinner.....	67 York Square.
B. Austin Cheney.....	225 St. Ronan Street.
Charles A. Tuttle.....	196 York Street.
H. B. Ferris.....	395 St. Ronan Street.
Leonard W. Bacon.....	113 Whitney Avenue.
P. S. Robinson.....	164 Grand Avenue.
Arthur N. Alling.....	257 Church Street.
R. A. McDonnell.....	1142 Chapel Street.
E. P. Pitman.....	52 Sylvan Avenue.
Isaac N. Porter.....	198 Dixwell Avenue.
E. H. Arnold.....	46 York Square.
Robert E. Peck.....	Elm City Private Hospital.
William C. Wurtenberg.....	28 Elm Street.
F. N. Sperry.....	59 College Street.
W. F. Verdi.....	13 Elm Street.
C. J. Bartlett.....	150 York Street.

M. D. Slattery.....	566	Howard Avenue.
W. H. Sanford.....	650	Orange Street.
Leonard C. Sanford.....	347	Temple Street.
Willis H. Crowe.....	106	Whalley Avenue.
C. H. Robbins.....	326	Grand Avenue.
L. M. Gompertz.....	1195	Chapel Street.
Alfred G. Nadler.....	377	Orange Street.
Frederick C. Bishop.....	1241	Chapel Street.
James H. J. Flynn.....	840	Howard Avenue.
Frank A. Kirby.....	355	Whalley Avenue.
William J. Sheehan.....	1226	Chapel Street.
John F. Sullivan.....	205	Blatchley Avenue.
Edward F. McIntosh.....	220	Park Street.
Nicola Mariani.....	119	Greene Street.
James S. Maher.....	215	Orange Street.
A. W. Marsh.....	1012	Whalley Avenue.
W. N. Winne.....	1020	Whalley Avenue.
William S. Barnes.....	193	York Street.
Clarence L. Kilbourn.....	202	Blatchley Avenue.
Henry H. Smith.....	43	Elm Street.
Julia E. Teele.....	206	Hamilton Street.
Harry L. Welch.....	94	College Street.
Thomas V. Hynes.....	1441	Chapel Street.
H. M. Steele.....	226	Church Street.
Willis E. Hartshorn.....	1138	Chapel Street.
Richard F. Rand.....	246	Church Street.
Edward S. Moulton.....	237	York Street.
Timothy F. Cohane.....	530	Howard Avenue.
W. J. Butler.....	712	Howard Avenue.
Louis A. Notkins.....	700	Howard Avenue.
Francis H. Reilly.....	286	Columbus Avenue.
Nelson A. Ludington.....	1252	Chapel Street.
D. M. Lewis.....	36	High Street.
Seymour L. Spier.....	348	Crown Street.
William H. Bean.....	40	Pleasant Street.
E. Reed Whittemore.....	69	Elm Street.
Alice P. Ford.....	1302	Chapel Street.
Francis N. Boynton.....	46	York Square.
Frank B. Standish.....	310	Elm Street.
Carl W. Henze.....	466	Orange Street.
Eugene M. Blake.....	55	Trumbull Street.
George Blumer.....	64	Trumbull Street.
Samuel M. Hammond.....	185	Church Street.
Archibald C. Herbert.....	256	McKinley Avenue.

Mary P. Dole.....	15 Elm Street.
Treby W. Lyon.....	1210 Dixwell Avenue.
Frederick P. Lane.....	524 Chapel Street.
Harold S. Arnold.....	122 College Street.
Allen R. Diefendorf.....	129 Church Street.
William J. Barrett.....	63 Olive Street.
Herman P. Hessler.....	323 George Street.
Millard F. Allen.....	65 Dixwell Avenue.
Frederick G. Beck.....	199 York Street.
Raynham Townshend.....	233 Church Street.
Jeremiah J. Cohane.....	29 College Street.
Frank L. Phillips.....	413 Temple Street.
Charles Fitzgerald.....	220 Orange Street.
Charles E. Sanford.....	150 Shelton Avenue.
John A. Murphy.....	28 Edwards Street.
James F. Rogers.....	378 George Street.
Wilder Tileston.....	424 Temple Street.
Marvin M. Scarbrough.....	76 Wall Street.
Joseph I. Linde.....	163 York Street.
Jeremiah B. Sullivan.....	274 Dixwell Avenue.
Robert G. Tracy.....	493 Howard Avenue.
Joseph M. Flint.....	320 Temple Street.
Jacques L. Buttner.....	763 Orange Street.
Hugh F. Keating.....	619 Howard Avenue.
Alexander Bergman.....	49 Howe Street.
Albertus K. Boardman.....	416 Forbes Avenue.
Samuel J. Goldberg.....	314 George Street.
Israel Kleiner.....	193 York Street.
Abram A. Hershman.....	6 High Street.
George Goldman.....	1 Howe Street.
William P. Lang.....	1223 Chapel Street.
Wilda E. Butler.....	223 York Street.
Wm. C. McGuire.....	106 Park Street.
Alexander L. Prince.....	150 York Street.
John W. Churchman.....	59 College Street.
Stuart E. Skiff.....	1194 Chapel Street.
Robert J. Ferguson.....	59 College Street.
Huggard W. Nugent.....	294 Elm Street.
C. S. Lamb.....	776 Howard Avenue.
George R. James.....	686 State Street.
Max R. Smirnow.....	850 Howard Avenue.
Charles W. Comfort.....	1193 Chapel Street.
Francesco D'Agostino....	621 Chapel Street.
Harry S. Reynolds.....	321 Grand Avenue.

Aubry L. Magill.....	68 Dixwell Avenue.
Thomas H. Russell, Jr.....	411 Temple Street.
Adelaide Lambert.....	86 Broadway.
James A. Harten.....	95 Olive Street.
Marvin Smith.....	73 Pearl Street.
Gabriel Jackowitz.....	312 Orange Street.
Alva G. Provost.....	286 Dixwell Avenue.
Paul R. Stetson.....	154 Shelton Avenue.
Joseph B. Monahan.....	631 Howard Avenue.
Charles T. Flynn.....	531 Winchester Avenue.
Walter C. Skiff.....	1184 Chapel Street.
Charles H. Carroll.....	236 Grand Avenue.
Grover C. Sweet.....	710 Howard Avenue.
Joseph V. Esposito.....	96 Greene Street.
Harry A. Conte.....	158 St. John Street.
John E. Lane.....	59 College Street.

Ansonia:

Louis E. Cooper.
 Louis H. Wilmot.
 Edward K. Parmelee.
 Burton I. Tolles.

Branford:

C. W. Gaylord.
 A. J. Tenney.

Cheshire:

Edward W. Karrman.

Derby:

Frank N. Loomis.
 Royal W. Pinney.
 Edward O'R. Maguire.
 Frank A. Elmes.
 Michael A. Parlato.
 Wm. H. Treat.
 E. T. Sharpe.
 Thomas F. Plunkett.
 Michael J. Sheahan.

East Haven:

Charles W. Holbrook.

Guilford:

R. B. West.

Hamden:

Walter S. Lay.

MOUNT CARMEL:

George H. Joslin.

Madison:

Milo P. Rindge.

Meriden:

N. Nickerson.
 A. W. Tracy.
 E. T. BRADSTREET
 J. D. Eggleston.
 Edward W. Smith.
 A. H. Fenn.
 E. W. Pierce.
 S. D. Otis.
 F. P. Griswold.
 E. D. Hall.
 H. A. Meeks.
 J. W. H. La Pointe.
 Joseph A. Cooke.
 Louis F. Wheatley.
 Michael J. Sullivan.

H. DeForest Lockwood.
James B. Dinnan.
David P. Smith.
John T. O'Brien.
Leslie A. Wilson.
Thomas P. Murdock.

Milford:

John W. Ives.
W. J. H. Fischer.
Louis J. Pons.

Naugatuck:

T. M. Bull.
William J. Delaney.
Edwin H. Johnson.
John J. Carroll.
James W. Robbins.
Walter A. Reilly.
Walter I. Baker.
Frank J. Tuttle.

North Haven:

R. B. Goodyear.
G. S. Higgins.

MONTOWESE:

Ralph W. Nichols.

Orange—WEST HAVEN:

J. F. Barnett.
Charles D. Phelps.
Victor A. Kowalewski.
Joseph L. Gilmore.
James M. Kiernan.
Ralph DeB. Clarke.

Seymour:

F. A. Benedict.
E. W. Davis.
Edward R. Harvey.

Wallingford:

William S. Russell.
William P. Wilson.
Caroline N. Stevens.

David R. Lyman.
John H. Buffum.
J. David McGaughey.

Waterbury:

F. E. Castle.
Walter L. Barber.
C. W. S. Frost.
C. S. RODMAN.
J. M. Benedict.
Carl E. Munger.
B. A. O'Hara.
John F. Hayes.
A. A. Crane.
P. T. O'Connor.
John D. Freney.
C. A. Hamilton.
George O. Robbins.
Charles H. Brown.
Edward W. Goodenough.
M. L. Cooley.
F. G. Graves.
James L. Moriarty.
George W. Russell.
D. J. Maloney.
Charles A. Monagan.
H. G. Anderson.
H. E. Hungerford.
Nelson A. Pomeroy.
Thomas J. Lally.
P. J. Dwyer.
L. J. Thibault.
Wm. A. Goodrich.
John E. Farrell.
Charles Engelke.
Thomas J. McLarney.
A. C. Swenson.
J. J. McLinden.
Michael J. Donahue.
Egbert L. Smith.
John J. Gailey.
Isabel Cowan.
Arthur Variell.
Aletta L. B. Deming.

Theodore F. Bevans.
 Arthur F. McDonald.
 Jacob Gancher.
 Henry K. Hine.
 Michael J. Lawlor.
 Edmund Russell.
 John W. Fruin.
 Walter L. Barber, Jr.
 Patrick J. Brennan.
 Edward A. Herr.

T. G. Kilmartin.
 Daniel J. Byrne.
 Edward H. Kirschbaum.
 Eugene F. Callender.
 William M. Good.
 Caroline R. Conkey.
 Philip Frank.
 Raymond H. Ryder.
 Chester N. Woodford.

Total Number, 284

NEW LONDON COUNTY.

W. HENRY GRAY, M.D., Mystic, *President*.

E. OLIVER WINSHIP, M.D., New London, *Vice President*.

LEONE F. LAPIERRE, M.D., Norwich, *Secretary*.

Councilor—PATRICK J. CASSIDY, M.D., Norwich.

Censors—JOHN G. STANTON, M.D., EDMUND P. DOUGLASS, M.D.,
 RUSH W. KIMBALL, M.D.

Annual Meeting, First Thursday in April; Semi-Annual, First
 Thursday in October.

East Lyme—NIANTIC:

Frederick H. Dart.
 Edward Atkinson.

Griswold—JEWETT CITY:

George H. Jennings.
 Alphonse Fontaine.

(Moosup)

Groton:

Edmund P. Douglass.
 Frank W. Hewes.

NOANK:

William M. Hill.

Montville:

Frank E. Wilson.

UNCASVILLE:

Morton E. Fox.

COLCHESTER:

Edw. J. Howland.

New London:

JOHN G. STANTON.
 Charles B. Graves.
 Harold H. Heyer.
 Carlisle F. Ferrin.
 Thomas W. Rogers.
 J. Clifton Taylor.
 Harry M. Lee.
 Emmanuel A. Henkle.
 Edwin C. Chipman.
 Gurdon S. Allyn.
 Daniel Sullivan.

Joseph M. Ganey.
James L. Harrington.
Ernest O. Winship.
William D. Cronin.
Frank M. Dunn.
Stuart J. Lawson.

Lyme—OLD LYME:

Ellis K. Devitt.

Lebanon:

Edwin L. Danielson.

Norwich:

Wm. S. C. Perkins.
Patrick Cassidy.
Anthony Peck.
Edward P. Brewer.
Newton P. Smith.
Witter K. Tingley.
William T. Browne.
Rush W. Kimball.
James J. Donahue.
Harry E. Higgins.
Charles H. Perkins.
Dennis J. Shahan.
Patrick J. Cassidy.
Edward J. Brophy.
Leone F. LaPierre.
William B. Casey.

Chas. C. Gildersleeve.
Arnand J. LaPierre.
Louis F. Cassidy.
Robert R. Agnew.

TAFTVILLE:

George Thompson.

YANTIC:

Herbert H. Howe.

Sprague—BAL TIC:

James G. Burr.

Stonington:

George D. Stanton.
Charles M. Williams.
Robert E. Harrington.
(No. Stonington)

MYSTIC:

Louis M. Allyn.
William H. Gray.
Alexander M. Purdy.
Martin L. Smail.

OLD MYSTIC:

Albert T. Chapman.

Waterford:

George M. Minor.

Total Number, 62.

FAIRFIELD COUNTY.

GEORGE H. NOXON, M.D., Darien, *President*.

FRANK W. STEVENS, M.D., Bridgeport, *Vice President*.

ELI B. IVES, M.D., Bridgeport, *Secretary*.

Councilor—SAMUEL M. GARLICK, M.D., Bridgeport.

Censors—WILLIAM L. GRISWOLD, M.D., JAMES D. GOLD, M.D.,
HARRIS F. BROWNLEE, M.D.

Annual Meeting, Second Tuesday in April, at Bridgeport;
Semi-Annual, Second Tuesday in October.

Bridgeport:

Andrew J. Smith.....	193 Barnum Avenue.
GEORGE L. PORTER.....	372 State Street.
N. E. WORDIN.....	213 Courtland Street.
F. M. Wilson.....	834-836 Myrtle Avenue.
J. W. Wright.....	808-810-812 Myrtle Avenue.
Charles C. Godfrey.....	340 State Street.
S. M. Garlick.....	474 State Street.
Henry Blodget.....	819 Myrtle Avenue.
J. C. Lynch.....	826 Myrtle Avenue.
C. C. Hoyt.....	1289 State Street.
G. W. Osborn.....	888 Broad Street.
J. R. Topping.....	349 Noble Avenue.
B. W. White.....	477 State Street.
Jacob May.....	1816 North Avenue.
George B. Cowell.....	409 Noble Avenue.
George E. Ober.....	632 Kossuth Street.
D. C. DeWolfe.....	516 Fairfield Avenue.
Henry S. Miles.....	417 State Street.
Fessenden L. Day.....	819 Myrtle Avenue.
Edward Fitzgerald.....	526 East Washington Avenue.
George S. Ford.....	527 State Street.
Frank M. Tukey.....	429 State Street.
William W. Gray.....	346 West Avenue.
James D. Gold.....	839 Myrtle Avenue.
Reuben A. Lockhart.....	760 Washington Avenue.
Frederick J. Adams.....	325 Fairfield Avenue.
W. J. O'Hara.....	361 Barnum Avenue.
David M. Trecartin.....	860 Park Avenue.
Harry W. Fleck.....	897 Lafayette Street.
Thomas L. Ellis.....	332 West Avenue.
Charles R. Townsend.....	446 State Street.
Herbert E. Smyth.....	376 John Street.
J. Murray Johnson.....	385 State Street.
Elmer F. Blank.....	387 Noble Avenue.
Irving L. Nettleton.....	385 Noble Avenue.
Edwards M. Smith.....	340 State Street.
Frank L. Smith.....	2178 Main Street.
David B. Wason.....	329 West Avenue.
Dorland Smith.....	834 Myrtle Avenue.
Frank W. Stevens.....	829 Myrtle Avenue.
George H. Warner.....	849 Myrtle Avenue.
Henry E. Waterhouse.....	426 State Street.
Robert J. Lynch.....	52 Courtland Street.

Charles J. Leverty.....	469	State Street.
Philip W. Bill.....	411	State Street.
Albert J. Roberts.....	430	State Street.
F. Winthrop Pyle.....	528	State Street.
Eli B. Ives.....	561	State Street.
Frank H. Coops.....	411	State Street.
William C. Watson.....	446	Stratford Avenue.
Herman S. Schulz.....	390	State Street.
Nathan T. Pratt.....	1221	Stratford Avenue.
Charles N. Haskell.....	525	State Street.
Morris J. Greenstein.....	107	Benham Avenue.
Philip J. Curran.....	469	State Street.
Giovanni Formichelli.....	48	Walter Street.
James L. Sullivan.....	529	East Main Street.
Robert B. Keane.....	90	N. Washington Avenue.
William C. Bowers.....	336	State Street.
Charles W. Gardner.....	449	State Street.
Charles H. Sprague.....	168	West Liberty Street.
Daniel C. Patterson.....	819	Myrtle Avenue.
George W. Hawley.....	871	Park Avenue.
Florence A. Sherman.....	528	State Street.
William A. LaField.....	233	Fairfield Avenue.
Abraham Bernstein.....	346	State Street.
Nicola M. Sansome.....	519	Pembroke Street.
Benj. B. Finklestone.....	346	State Street.
Bronislaw L. Smykowski.....	683	E. Main Street.
Wm. L. Weadon.....	810	Myrtle Avenue.
Henry B. Lambert.....	411	State Street.
Frary Hale.....	477	State Street.
William H. Curley.....	697	Warren Street.
John F. Krasyne.....	720	Arctic Street.
Michael J. Rowe.....	1479	Main Street.
George J. Schuele.....	485	Noble Avenue.
John F. Shea.....	1246	East Main Street.
Andrew McQueeny.....	700	Noble Avenue.
Thomas J. Roche.....	432	State Street.
Edward F. McGovern.....	390	State Street.
Henry L. Peters.....	467	State Street.
Henry Duesing.....	1167	East Main Street.
Arthur Scrimgeour.....	701	Warren Street.
Benjamin I. Hart.....	323	State Street.
Harold M. Clarke.....	350	Park Avenue.
John F. Flynn.....		Franklin Street and Wash. Avenue.
Daniel J. McCarthy.....	778	Washington Avenue.
John J. MacDonald.....	905	North Avenue.

Bethel:

A. E. Barber.
George D. Wight.
Charles R. Hart.

Brookfield—BROOKFIELD CENTER:

Charles A. Ryder.

Danbury:

E. A. Stratton.
W. S. Watson.
D. CHESTER BROWN.
H. F. Brownlee.
George E. Lemmer.
Charles F. Craig.
William F. Gordon.
William T. Bronson.
Richard M. English.
Paul U. Sunderland.
E. J. S. Scofield.
Joseph W. Walsh.
Howard D. Moore.
Samuel F. Mullins.
George E. Thielcke.
Arthur C. Smith.

Darien:

George H. Noxon.

NOROTON:

Albert L. House.
Harold E. Hoyt.

Fairfield:

W. H. Donaldson.

GREENFIELD HILL:

M. V. B. Dunham.

SOUTHPORT:

Charles E. Hyde.

Greenwich:

Frank Terry Brooks.
Fritz C. Hyde.

William L. Griswold.
Alvin W. Klein.
John A. Clarke.
William Burke.
Harriet B. Hyde.
Edward O. Parker.

Cos COB:

Thomas J. Bergin.

RIVERSIDE:

Charles Smith.

SOUND BEACH:

Sarah E. Finch.

Huntington—SHELTON:

GOULD A. SHELTON.
Wm. S. Randall.
Francis I. Nettleton.
John E. Black.
William M. Stockwell.

Monroe—STEPNEY DEPOT:

Francis J. Wales.

STEPNEY:

Geo. A. Smith.

New Canaan:

Myre J. Brooks.
Edmund J. O'Shaughnessy.
Charles B. Keeler.
Albert A. Wheelock.

Norwalk:

James G. Gregory.
James A. Meek.
S. H. Huntington.
William J. Tracey.
Arthur R. Turner.
Jesse M. Coburn.
Walter Hitchcock.
Ward S. Gregory.

SOUTH NORWALK:

C. G. Bohannan.
L. M. Allen.
Henry C. Sherer.
Jean Dumortier.
Francis E. Burnell.

Redding:

Ernest H. Smith.

Ridgefield:

Russell W. Lowe.
William H. Allee.
Benn A. Bryon.

Stamford:

A. M. Hurlbut.
Samuel Pierson.
A. N. Phillips.
F. Schavoir.
Wm. B. Treadway.
(R. I.)
R. G. Philip.
George Sherrill.
W. E. Rice.
George R. Hertzberg.
J. J. Cloonan.
Dean Foster.
Donald R. MacLean.
Frank H. Barnes.

John H. Staub.
Richard L. Bohannan.
John F. Harrison.
Ralph W. Crane.
W. T. Godfrey.
Charles L. Dichter.
Samuel M. Shirk.
P. P. Van Vleet.
Julius Nemoitin.
Charles H. B. Meade.
J. Wait Avery.
I. F. Carroll.
Raymond R. Gandy.

Stratford:

W. B. Cogswell.
G. F. Lewis.
D. Howland.
Rollin A. Curtis.

Weston—LYONS PLAIN:

F. Gorham.

Westport:

F. Powers.
F. D. Ruland.
J. M. Nolan.
F. H. McLaury.

GREEN'S FARMS:

David W. McFarland.

Total Number, 189.

WINDHAM COUNTY.

CHARLES E. HILL, M.D., East Killingly, *President*.

OWEN O'NEIL, M.D., Willimantic, *Vice President*.

WILLIAM P. S. KEATING, M.D.,^{*} Pomfret, *Secretary and Treasurer*.

Councilor—SELDON B. OVERLOCK, M.D., Pomfret.

Censors—ROBERT C. WHITE, M.D., Willimantic, EDWARD F. PERRY, M.D., Putnam.

Annual Meeting, Third Thursday in April; Semi-Annual Meeting, Third Thursday in October.

Brooklyn:

A. H. Tanner.

Hampton:

Arthur D. Marsh.

Killingly:

George Barnes.

DANIELSON:

RIENZI ROBINSON.

W. H. Judson.

George M. Burroughs.

EAST KILLINGLY:

Charles E. Hill.

Plainfield—

Arthur A. Chase.

CENTRAL VILLAGE:

James L. Gardner.

MOOSUP:

Charles N. Allen.

W. W. Adams.

Francis Downing.

Pomfret:

S. B. OVERLOCK.

Putnam:

John B. Kent.

F. A. Morrell.

Omer LaRue.

Warren W. Foster.

Henry R. Lowe.

Marguerite J. Bullard.

Edward F. Perry.

Thompson:

Robert C. Paine.

Willimantic:

Frederick Rogers.

T. R. Parker.

R. C. White.

Laura H. Hills.

Joseph A. Girouard.

Clarence E. Simonds.

Owen O'Neil.

Charles H. Girard.

J. H. Egbert.

Louis I. Mason.

W. P. Stuart Keating.

Charles A. Jenkins.

Josaphat Gaucher.

Frank M. Smith.

Windham:

F. E. Guild.

Woodstock—EAST WOODSTOCK:

Ernest R. Pike.

Total Number, 35.

LITCHFIELD COUNTY.ELIAS PRATT, M.D., Torrington, *President*.ROBERT HAZEN, M.D., Thomaston, *Vice President*.CHARLES H. TURKINGTON, M.D., Litchfield, *Secretary*.*Councilor*—ELIAS PRATT, M.D., Torrington.*Censors*—IRVING L. HAMANT, M.D., GEORGE H. WRIGHT, M.D.,

WILLIAM S. HULBERT, M.D.

Annual Meeting, Fourth Tuesday in April; Semi-Annual, First Tuesday in October.

Canaan—FALLS VILLAGE:

Francis S. Skiff.
Thomas J. Shannon.

Cornwall—WEST CORNWALL:

Joseph Robinson.

Goshen:

J. H. North.

Litchfield:

John L. Buel.
Charles N. Warner.
Charles H. Turkington.
R. A. Marcy.

New Hartford:

Josiah Swett.

New Milford:

George E. Staub.
George H. Wright.
B. E. Bostwick.

Norfolk:

John C. Kendall.
I. L. Hamant.
Lucius D. Bulkley.
Frederick S. Dennis.
A. W. Pinney.

North Canaan—CANAAN:

John G. Adam.
Charles W. Camp.
Frank H. Lee.
Henry S. Turrill.

Plymouth—TERRYVILLE:

W. W. Wellington.
Richard J. Lawton.
Harold B. Woodward.

Roxbury:

Evans D. Russell.

Salisbury—LAKEVILLE:

William Bissell.

William B. Bissell.
Charles T. LaMoure.

Sharon:

Clarence W. Bassett.
Jerome S. Chaffee.

Thomaston:

Robert Hazen.
Ralph S. Goodwin.
James J. Kane.

Torrington:

William L. Platt.
Elias Pratt.
Jerome S. Bissell.
James D. Hayes.
Charles H. Carlin.
Sanford H. Wadhams.
H. D. Moore.
William J. Hogan.
Timothy M. Ryan.
Harry B. Hanchett.

Washington:

Frederic W. Wersebe.
Harry E. Stewart.

Watertown:

Ernest K. Loveland.
James S. Martin.

Winchester—WINSTED:

Edward L. Pratt.
William S. Hulbert.
Salmon J. Howd.
David D. Reidy.
Ernest R. Kelsey.
Maurice J. Reidy.
Joseph D. Hartnett.

WEST WINSTED:

William S. Richards.

Woodbury:

William G. Reynolds.
Howard S. Allen.

Total Number, 57.

MIDDLESEX COUNTY.

HOWARD T. FRENCH, M.D., Deep River, *President*.

ARTHUR B. COLEBURN, M.D., Middletown, *Vice President*.

CHARLES A. MCKENDREE, M.D., Cromwell, *Secretary*.

Councilor—GEORGE N. LAWSON, M.D., Middle Haddam.

Censors—CHARLES E. STANLEY, M.D., CUSHMAN A. SEARS, M.D.,
MINER C. HAZEN, M.D.

Annual Meeting, Second Thursday in April; Semi-Annual, Second
Thursday in October.

Chatham—MIDDLE HADDAM:

George N. Lawson.

EAST HAMPTON:

Albert Field.

Frederick T. Fitch.

Chester:

Fred S. Smith.

Clinton:

David A. Fox.

Cromwell:

FRANK K. HALLOCK.

Charles E. Bush.

Charles A. McKendree.

Durham:

Charles E. Zink.

East Haddam:

M. W. Plumstead.

Essex:

Frederick B. Bradeen.

Charles C. Davis.

Haddam:

Miner C. Hazen.

Leonard J. Lowe.

Middletown:

William E. Fisher.

Charles E. Stanley.

Henry S. Noble.

John E. Bailey.

Arthur J. Campbell.

Arthur B. Coleburn.

J. Francis Calef.

John E. Loveland.

Kate C. Mead.

Daniel A. Nolan.

John H. Mountain.

Charles B. Young.

Jessie W. Fisher.

James T. Mitchell.

James H. Kingman.

Thomas P. Walsh.

James Murphy.

James M. Keniston.

Louis R. Brown.

Hamilton Rinde.

Sidney A. Lord.

Edgar Fauver.

William M. Kenna.

Michael D. Murphy.

Louis Simonson.

Old Saybrook:

Calista V. Luther.

Irwin Grannis.

Portland:

Cushman A. Sears.

E. J. Lynch (Norwich).

Frank E. Potter.

Charles B. Chedel.

Saybrook—DEEP RIVER:

Howard T. French.
Arthur M. Pratt.

Westbrook:

Emmett J. Lyman.

Total Number, 48.

TOLLAND COUNTY.

CYRUS B. NEWTON, M.D., Stafford Springs, *President*.

THOMAS F. ROCKWELL, M.D., Rockville, *Vice President*.

ELI P. FLINT, M.D., Rockville, *Secretary and Treasurer*.

Councilor—THOMAS F. ROCKWELL, M.D., Rockville.

Censors—FREDERICK GILNACK, M.D., FRANK L. SMITH, M.D.,
FREDERICK W. WALSH, M.D.

Annual Meeting, Third Tuesday in April; Semi-Annual, Third
Tuesday in October.

Coventry:

Isaac P. Fiske.

SOUTH COVENTRY:

WILLIAM L. HIGGINS.

Ellington:

Edw. A. Brace.

Hebron:

Cyrus H. Pendleton.

Mansfield—MANSFIELD DEPOT:

Frederick E. Johnson.
Donald L. Ross.

Somers:

Alonzo L. Hurd:

Stafford—STAFFORD SPRINGS:

CYRUS B. NEWTON.

Frank L. Smith.

James Stretch.

John P. Hanley.

Tolland:

Willard N. Simmons.

Vernon:**ROCKVILLE:**

Frederick Gilnack.

Thomas F. Rockwell.

Eli P. Flint.

Thomas F. O'Loughlin.

Frederick W. Walsh.

Wright B. Bean.

F. M. Dickinson.

Total Number, 19.

OFFICERS OF THE CONNECTICUT STATE MEDICAL
SOCIETY FROM ITS ORGANIZATION IN 1792
TO THE PRESENT TIME.*

PRESIDENTS.

1792	Leverett Hubbard.	1879	Alfred R. Goodrich.
1794	Eneas Munson.	1880	Gideon L. Platt.
1801	James Potter.	1881	William Deming.
1803	Thomas Mosley.	1882	William G. Brownson.
1804	Jeremiah West.	1883	Elisha B. Nye.
1807	John R. Watrous.	1884	Benjamin N. Comings.
1812	Mason F. Cogswell.	1885	Elijah C. Kinney.
1822	Thomas Hubbard.	1886	Thomas H. Hills.
1827	Eli Todd.	1887	Francis Bacon.
1829	John S. Peters.	1888	George L. Porter.
1832	William Buel.	1889	Orlando Brown.
1834	Thomas Miner.	1890	Melancthon Storrs.
1837	Silas Fuller.	1891	Charles A. Lindsley.
1841	Elijah Middlebrook.	1892	Cyrus B. Newton.
1843	Luther Ticknor.	1893	Francis D. Edgerton.
1846	Archibald Welch.	1894	Francis N. Braman.
1849	George Sumner.	1895	Seth Hill.
1851	Rufus Blakeman.	1896	Rienzi Robinson.
1853	Richard Warner.	1897	Ralph S. Goodwin.
1854	William H. Cogswell.	1898	Henry P. Stearns.
1856	Benjamin H. Catlin.	1899	Charles S. Rodman.
1858	Ashbel Woodward.	1900	Leonard B. Almy.
1861	Josiah G. Beckwith.	1901	John H. Grannis.
1863	Ebenezer K. Hunt.	1902	Gould A. Shelton.
1865	Nathan B. Ives.	1903	Samuel B. St. John.
1866	Isaac G. Porter.	1904	William H. Carmalt.
1867	Charles Woodward.	1905	{ †Edward H. Welch.
1868	Samuel B. Beresford.		{ Nathaniel E. Wordin.
1869	Henry Bronson.	1906	William L. Higgins.
1870	Charles F. Sumner.	1907	Everett J. McKnight.
1871	Gurdon W. Russell.	1908	Seldom B. Overlock.
1872	Henry W. Buel.	1909	Samuel D. Gilbert.
1873	Ira Hutchinson.	1910	Frank K. Hallock.
1874	Lowell Holbrook.	1911	John G. Stanton.
1875	Pliny A. Jewett.	1912	E. T. Bradstreet.
1876	Ashbel W. Barrows.	1913	D. Chester Brown.
1877	Robert Hubbard.	1914	Oliver C. Smith.
1878	Charles M. Carleton.		

* Prepared for the Secretary by Dr. J. B. Lewis, Hartford.

† Resigned.

VICE PRESIDENTS.

1792	Eneas Munson.	1880	William Deming.
1794	Elihu Tudor.	1881	William G. Brownson.
1796	James Potter.	1882	Elisha B. Nye.
1801	Thomas Mosley.	1883	Benjamin N. Comings.
1803	Jeremiah West.	1884	Elijah C. Kinney.
1804	Jared Potter.	1885	Samuel Hutchins.
1806	John R. Watrous.	1886	Francis Bacon.
1807	Mason F. Cogswell.	1887	George L. Porter.
1812	John Barker.	1888	Orlando Brown.
1813	Timothy Hall.	1889	Charles J. Fox.
1814	Thomas Hubbard.	1890	Charles A. Lindsley.
1822	Eli Todd.	1891	Cyrus B. Newton.
1824	Eli Ives.	1892	Francis D. Edgerton.
1827	John S. Peters.	1893	Francis N. Braman.
1829	William Buel.	1894	Seth Hill.
1832	Thomas Miner.	1895	Rienzi Robinson.
1834	Silas Fuller.	1896	Ralph S. Goodwin.
1837	Elijah Middlebrook.	1897	Henry P. Stearns.
1841	Luther Ticknor.	1898	Charles S. Rodman.
1843	Archibald Welch.	1899	Leonard B. Almy.
1846	Dyer T. Brainard.	1900	John H. Grannis.
1847	George Sumner.	1901	Gould A. Shelton.
1849	Rufus Blakeman.	1902	Samuel B. St. John.
1851	Richard Warner.	1903	William H. Carmalt.
1853	William H. Cogswell.	1904	Edward H. Welch.
1854	Benjamin H. Catlin.	1905	{ Frederick A. Morrell.
1856	Ashbel Woodward.		{ Eli P. Flint.
1858	Josiah G. Beckwith.	1906	{ Charles E. Brayton.
1861	Ebenezer K. Hunt.		{ Franklin P. Clark.
1863	Nathan B. Ives.	1907	{ Miner C. Hazen.
1865	Isaac G. Porter.		{ Irving L. Hamant.
1866	Charles Woodward.	1908	{ Samuel D. Gilbert.
1867	Samuel B. Beresford.		{ Walter L. Barber.
1868	Henry Bronson.	1909	{ Theodore R. Parker.
1869	Charles F. Sumner.		{ William J. Tracey.
1870	Gurdon W. Russell.	1910	{ Edmund P. Douglas.
1871	Henry W. Buel.		{ Edward T. Bradstreet.
1872	Ira Hutchinson.	1911	{ D. Chester Brown.
1873	Lowell Holbrook.		{ Ralph C. Paine.
1874	Pliny A. Jewett.	1912	{ Frederick Gilnack.
1875	Ashbel W. Barrows.		{ Alvin E. Barber.
1876	Robert Hubbard.	1913	{ William S. Hulbert.
1877	Charles M. Carleton.		{ Kate C. Mead.
1878	Alfred R. Goodrich.	1914	{ Stephen J. Maher.
1879	Gideon L. Platt.		{ John B. Kent.

SECRETARIES.

1792	Jared Potter.	1843	Ralph Farnsworth.
1794	James Clark.	1844	Worthington Hooker.
1796	Daniel Sheldon.	1846	Gurdon W. Russell.
1798	Nathaniel Perry.	1849	Josiah G. Beckwith.
1800	Samuel Woodward.	1858	Panet M. Hastings.
1801	William Shelton.	1862	Leonard J. Sanford.
1805	John Barker.	1864	Moses C. White.
1810	Eli Ives.	1876	Charles W. Chamberlain.
1813	Joseph Foot.	1883	Samuel B. St. John.
1817	Jonathan Knight.	1889	Nathaniel E. Wordin.
1827	Samuel B. Woodward.	1905	Walter R. Steiner.
1830	George Sumner.	1912	Wilder Tileston.
1832	Charles Hooker.	1913	Marvin McR. Scarbrough.
1838	Archibald Welch.		

TREASURERS.

1792	John Osborn.	1829	Joseph Palmer.
1793	Jeremiah West.	1834	Elijah Middlebrook.
1794	John Osborn.	1837	Luther Tichnor.
1796	Mason F. Cogswell.	1841	Virgil Maro Dow.
1800	William B. Hall.	1851	George O. Sumner.
1808	Timothy Hall.	1863	James C. Jackson.
1813	Richard Ely.	1876	Francis D. Edgerton.
1816	Thomas Miner.	1883	Erastus P. Swasey.
1817	John S. Peters.	1889	William W. Knight.
1827	William Buel.	1905	Joseph H. Townsend.

ALPHABETICAL LIST

OF THE

MEMBERS OF THE CONNECTICUT STATE MEDICAL SOCIETY,

With Date and Place of Graduation, and Post-Office Address.

In preparing this list the Secretary has followed the list in the Proceedings of 1892, made with great care and labor by Dr. J. B. Lewis for the Centennial year. It may be relied upon as being correct to November 1, 1914.

Abrams, Alva Elnathan.....	Albany, '81.....	Hartford.
Adam, John Geikie.....	Trinity, Tor., '00.....	North Canaan.
Adams, Frederick Joseph.....	Univ. N. Y., '95.....	Bridgeport.
Adams, Henry Eli.....	Yale, '02.....	Hartford.
Adams, William Waldo.....	Bellevue, '91.....	Moosup.
Agnew, Robert Robertson.....	Yale, '08.....	Norwich.
Alcorn, Thomas Grant.....	P. & S., Boston, '97....	Thompsonville.
Alcott, Ralph Waldo Emerson.....	U. S. Med. Coll., '81..	West Hartford.
Allee, William Hanford.....	P. & S., N. Y., '99.....	Ridgefield.
Allen, Charles Noah.....	Univ. Vt., '81.....	Moosup.
Allen, Howard Oliver.....	Univ. N. Y., '79.....	Broad Brook.
Allen, Howard S.....	Yale, '04.....	Woodbury.
Allen, Lauren Melville.....	P. & S., N. Y., '80....	South Norwalk.
Allen, Millard Fillmore.....	Med. Chi., Phila., '95,...	New Haven.
Alling, Arthur Nathaniel, B.A.,	Yale, '86....	P. & S., N. Y., '91.....
Allyn, Gurdon Spicer.....	Univ. Pa., '03.....	New London.
Allyn, Louis Maxson.....	Univ. Pa., '93.....	Mystic.
Alton, Charles De Lancey.....	Bellevue, '75.....	Hartford.
Anderson, Arvid.....	Univ. Mich., '93.....	New Britain.
Anderson, Henry Gray.....	P. & S., N. Y., '89.....	Waterbury.
Arnold, Ernest Hermann.....	Yale, '94.....	New Haven.
Arnold, Harold Sears, B.A.,	Yale, '00.....	Yale, '03.....
Atkinson, Edward.....	Univ. Vt., '93.....	Niantic.
Avery, John Waite.....	Univ. Vt., '97.....	Stamford.
Axtelle, John Franklin.....	L. I. Hosp. Coll., '71.....	Hartford.
Backus, Harold Simeon.....	L. I. Hosp. Coll., '03....	Broad Brook.
Bacon, Leonard Woolsey, B.A.,	Yale, '88.....	Yale, '92.....
Bailey, George Cornelius.....	Univ. N. Y., '86.....	Hartford.
Bailey, John Elmore.....	P. & S., N. Y., '85.....	Middletown.
Bailey, Michael Angelo.....	P. & S., Balt., '93.....	Hartford.
Bailey, Neil H.	P. & S., Balt., '11.....	Hartford.
Baker, Walter I.	Hahnemann, Phila., '98....	Naugatuck.

Barber, Alvin Elizur.....	Berkshire, '54.....	Bethel
Barber, Walter Lewis.....	Bellevue, '73.....	Waterbury.
Barher, Walter Lewis, Jr., <i>A.B.</i> <i>98</i>	N. Y. Univ. & Bellevue, '07.....	Waterbury.
Baribault, Arthur Octave.....	Vict. Med. Coll., '89.....	New Haven.
Barnes, Frank Hazelhurst.....	N. Y. Homeo. Med., '96.....	Stamford.
Barnes, George.....	Univ. N. Y., '04.....	Killingly.
Barnes, Wm. Samuel <i>Ph.B.</i> , Yale, '95.....	Yale, '97.....	New Haven.
Barnett, John Frederick.....	Yale, '69.....	West Haven.
Barrett, William Joseph.....	Md. Med., '04.....	New Haven.
Barrows, Benj. Safford, <i>Ph.B.</i> , '83.....	Univ. N. Y., '87.....	Hartford.
Bartlett, Charles Joseph, <i>B.A.</i> , Yale, '92; M.A., Yale, '94.....	Yale, '95.....	New Haven.
Bartlett, William Bradford.....	Harvard, '06.....	Hartford.
Bassett, Clarence Wheeler.....	Univ. N. Y., '82.....	Sharon.
Beach, Charles Coffing, <i>Ph.B.</i> , Yale, '77.....	P. & S., N. Y., '82.....	Hartford.
Beach, Charles Thomas.....	Yale, '05.....	Hartford.
Bean, William Hill, <i>Ph.B.</i> , Yale, '82.....	Yale, '03.....	New Haven.
Bean, Wright Butler.....	P. & S., N. Y., '95.....	Rockville.
Beck, Frederick George.....	Yale, '03.....	New Haven.
Bell, George Newton.....	Yale, '92.....	Hartford.
Bellosa, Frederick.....	Yale, '72.....	New Haven.
Benedict, Frank Allen.....	P. & S., N. Y., '87.....	Seymour.
Benedict, John Mitchell.....	Univ. N. Y., '82.....	Waterbury.
Bergin, Thomas Joseph, <i>B.A.</i> , Yale, '06.....	Yale, '09.....	Cos Coh.
Bergman, Alexander, B.S., Stockholm.....	City of N. Y., '95.....	New Haven.
Bernstein, Abraham.....	Yale, '08.....	Bridgeport.
Bevans, Theodore F.....	Univ. Minn., '03.....	Waterbury.
Bickford, Henry.....	Penn. Eclectic Med., '68.....	Hartford.
Bill, Philip Worcester, <i>Ph.B.</i> , Yale, '97.....	P. & S., N. Y., '01.....	Bridgeport.
Biram, J. H.....	Cornell, '10.....	Hartford.
Birdsong, Julius Lee, B.S., Nashville, '99.....	Johns Hopkins, '09.....	Hartford.
Bishop, Frederic Courtney, <i>B.A.</i> , Yale, '92.....	Yale, '95.....	New Haven.
Bishop, Louis Bennett, <i>B.A.</i> , Yale, '86.....	Yale, '88.....	New Haven.
Bissell, Jerome Samuel.....	Yale, '94.....	Torrington.
Bissell, William, <i>B.A.</i> , Yale, '53.....	Yale, '56.....	Lakeville.
Bissell, William Bascom, <i>A.B.</i> , Yale, '88.....	P. & S., N. Y., '92.....	Lakeville.
Black, John Eugene, <i>Ph.B.</i> , Yale, '03.....	Yale, '08.....	Shelton.
Blair, Edward Holden.....	P. & S., Balt., '06.....	Hartford.
Blake, Eugene Maurice.....	Yale, '06.....	New Haven.
Blank, Elmer Francis.....	Starling, '97.....	Bridgeport.
Blodget, Henry, <i>A.B.</i> , Yale, '75.....	Bellevue, '81.....	Bridgeport.
Blumer, George, <i>M.A.</i> , Yale, '07.....	Cooper Med. Coll., '90.....	New Haven.
Boardman, Alburtus Kellogg.....	Univ. Penn., '99.....	New Haven.
Bodley, George Houghton.....	Yale, '07.....	New Britain.
Bohannan, Charles Gordon.....	Univ. N. Y., '78.....	South Norwalk.
Bohannan, Richard Lee.....	Univ. N. Y., '74.....	Stamford.
Borden, Charles Herbert.....	P. & S., N. Y., '96.....	Hartford.
Bostwick, Benjamin Earle.....	L. I. Hosp. Coll., '90.....	New Milford.
Botsford, Charles Porter.....	Yale, '94.....	Hartford.
Boucher, James Joseph.....	P. & S., Balt., '04.....	Hartford.
Boucher, John Bernard.....	P. & S., Balt., '94.....	Hartford.
Bowers, William Cutler.....	P. & S., N. Y., '77.....	Bridgeport.
Boyle, R. J.....	Yale, '08.....	Hartford.
Boynton, Francis Nichols.....	Univ. Mich., '03.....	New Haven.
Brace, Edward Alfred.....	Univ. Vt., '11.....	Ellington.

- Brackett, Arthur Stone, B.A., Yale, '92. *JS* Jefferson, '95.....Bristol.
 Bradeen, Frederick Barton.....Univ. Pa., '99.....Essex.
 Bradley, Mark Spaulding.....P. & S. N. Y., '92.....Hartford.
 Bradstreet, Edward Thomas, B.A., Yale, '74. *JS* P. & S. N. Y., '77.....Meriden.
 Brainard, Clifford Brewster, Ph.B., Yale, '94. *JS* Yale, '98.....Hartford.
 Brayton, Howard Wheaton, Ph.B., Brown, '06. Harvard, '11.....Hartford.
 Brennan, Patrick Joseph.....Yale, '07.....Waterbury.
 Brewer, Edward Pliny.....Dartmouth, '79.....Norwich.
 Bridge, John Law, B.S., Wesleyan, '88;
 Ph.D., Clark, '94.....Harvard, '03.....Thompsonville.
 Bronson, William Thaddeus.....Univ. N. Y., '98.....Danbury.
 Brooks, Frank Terry, B.A., Yale, '90. *JS* L. I. Hosp. Coll., '93.....Greenwich.
 Brooks, Myre Joel.....Yale, '67.....New Canaan.
 Brophy, Edward Joseph.....Yale, '04.....Norwich.
 Brown, Charles Henry.....Univ. N. Y., '93.....Waterbury.
 Brown, David Chester.....Yale, '84.....Danbury.
 Brown, Louis Raymond, A.B., Tufts.....Tufts, '07.....Middletown.
 Browne, William Tyler, Ph.B., Yale, '78.....Harvard, '82.....Norwich.
 Brownlee, Harris Fenton.....P. & S. N. Y., '88.....Danbury.
 Bryon, Benn Adelmere.....Bellevue, '90.....Ridgefield.
 Buel, John Laidlaw.....P. & S. N. Y., '88.....Litchfield.
 Buffum, John Harold.....Univ. Vt., '98.....Wallingford.
 Bulkley, Lucius Duncan, A.B., Yale, '66; M.A., P. & S. N. Y., '69.....Norfolk.
 Bull, John Norris.....P. & S. N. Y., '78.....Plainville.
 Bull, Thomas Marcus.....P. & S. N. Y., '87.....Naugatuck.
 Bullard, Marguerite Jane, A.B., Cornell, '02. Cornell Univ., '04.....Putnam.
 Bunce, Philip Dibble, A.B., Yale, '88.....P. & S. N. Y., '91.....Hartford.
 Burke, William.....L. I. Hosp. Coll., '96.....Greenwich.
 Burnell, Francis Edwin.....L. I. Hosp. Coll., '94.....South Norwalk.
 Burr, James Green.....Univ. Balt., '93.....Baltic.
 Burr, Noah Arthur.....Yale, '01.....South Manchester.
 Burroughs, George McClellan.....Balt. Med. Coll., '00.....Danielson.
 Bush, Charles Ellsworth.....Yale, '94.....Cromwell.
 Butler, Wilda Edwin.....Hahnemann, Phila., '97.....New Haven.
 Butler, William James.....L. I. Hosp. Coll., '95.....New Haven.
 Buttner, Jacques Louis.....Yale, '09.....New Haven.
 Byrne, Daniel J.Yale, '12.....Waterbury.
 Caldwell William Ely.....Balt. Med. Coll., '95.....West Suffield.
 Calef, Jeremiah Francis, B.A., Wesleyan, '77. Yale, '80.....Middletown.
 Callender, Eugene F.Yale, '12.....Waterbury.
 Camp, Charles Welford.....Univ. N. Y., '74.....Canaan.
 Campbell, Arthur Joseph.....P. & S. Balt., '85.....Middletown.
 Campbell, Sheldon Samuel Stratton.....Univ. Vt., '02.....Collinsville.
 Cantarow, Daniel.....Tufts, '11.....Hartford.
 Carlin, Charles Henry.....Univ. Mich., '96.....Torrington.
 Carmalt, William Henry, M.A., Yale, '81.....P. & S. N. Y., '61.....New Haven.
 Carroll, Chas. H.Yale, '12.....New Haven.
 Carroll, Isaiah F.Balt. Med., '06.....Stamford.
 Carroll, John James.....Dartmouth, '97.....Naugatuck.
 Carver, John Preston.....Alhany, '96.....Simsbury.
 Casey, William Bradford.....Univ. Md., '06.....Norwich.
 Cassidy, Louis Thomas, Georgetown, '04.....Georgetown, '08.....Norwich.
 Cassidy, Patrick.....Univ. Vt., '65.....Norwich.
 Cassidy, Patrick John, B.A., Yale, '94.....Johns Hopkins, '98.....Norwich.

- Castle, Frank Edwin.....Yale, '70.....Waterbury.
 Chaffee, Jerome Stuart, Ph.B., Yale, '94.....Univ. Pa., '97.....Sharon.
 Chapman, Albert Taylor.....P. & S., N. Y., '64.....Old Mystic.
 Chase, Arthur Alverdo.....Harvard '01.....Plainfield.
 Chedel, Charles Brigham, A.B., Dartmouth, '03. Dartmouth, '06.....Portland.
 Cheney, Benjamin Austin, B.A., Yale, '88....Yale, '90.....New Haven.
 Chester, Thomas Weston, B.A., Rutgers, '92;
 M.A., '95.....P. & S., N. Y., '95.....Hartford.
 Chipman, Edwin Clifford, A.B., Alfred Univ. '87. P. & S., N. Y., '91.....New London.
 Churchman, John Woolman, B.A., '98;
 M.A., Princeton, 01.....Johns Hopkins '02.....New Haven.
 Clark, Robert Moses.....Univ. Pa., '91.....New Britain.
 Clarke, Harold M.Univ. Toronto, '09.....Bridgeport.
 Clarke, John Alexander.....Bellevue, '97.....Greenwich.
 Clarke, Ralph DeBallard, A.B., Univ. N. Y., '04. Johns Hopkins, '08.....West Haven.
 Clary, George, A.B., Dartmouth, '52.....Yale, '57.....New Britain.
 Clifton, Harry Colman.....Univ. Pa., '01.....Hartford.
 Cloonan, John Joseph.....P. & S., Balt., '97.....Stamford.
 Cobb, Albert Edward.....Yale, '98.....Hartford.
 Coburn, Jesse Milton.....Boston Univ., '74.....Norwalk.
 Cochran, Levi Bennett.....Univ. Pa., '93.....Hartford.
 Cogswell, Eliot S.Harvard, '12.....Hartford.
 Cogswell, William Badger.....Bellevue, '81.....Stratford.
 Cohane, Jeremiah Joseph.....Yale, '98.....New Haven.
 Cohane, Timothy Francis.....Yale, '97.....New Haven.
 Coholan, Michael James.....Univ. N. Y., '65.....New Britain.
 Coleburn, Arthur Burr.....P. & S., N. Y., '90.....Middletown.
 Comfort, Chas. W., B.A., Yale, '11.....Yale, '07.....New Haven.
 Conkey, Caroline B.Women's Med., '81.....Waterbury.
 Conklin, James Henry.....Univ. Vt., '99.....Hartford.
 Conte, Harry A.L. I. H. C., '12.....New Haven.
 Converse, George Frederick.....Yale, '87.....New Haven.
 Coogan, Joseph Albert.....Bellevue, '76.....Windsor Locks.
 Cook, Ansel Granville.....P. & S., N. Y., '87.....Hartford.
 Cooke, Joseph Anthony.....Yale, '97.....Meriden.
 Cooley, Clifton N.Yale, '08.....New Britain.
 Cooley, Myron Lynus.....Buffalo Univ., '86.....Waterbury.
 Cooper, Louis Edward, Ph.B., '84.....Yale, '86.....Ansonia.
 Coops, Frank Harvey, B.A., Dalhousie, '88....P. & S., Balt., '96.....Bridgeport.
 Costello, Henry N., B.A., Yale, '06.....Johns Hopkins, '10.....Hartford.
 Cowan, Isabel.....Wom. Med. Coll., N. Y., '92, Waterbury.
 Cowell, George B.P. & S., N. Y., '88.....Bridgeport.
 Cox, Ralph Benjamin.....McGill, '02.....Collinsville.
 Coyle, Anna E.Women's Med., '12...Windsor Locks.
 Coyle, William Joseph.....Buffalo Univ., '85....Windsor Locks.
 Craig, Charles Franklin.....Yale, '94.....Danbury.
 Crane, Augustus Averill, B.A., Yale, '85....Yale, '87.....Waterbury.
 Crane, Ralph William.....Yale, '05.....Stamford.
 Crary, David.....Yale, '69.....Hartford.
 Cronin, William Daniel.....P. & S., N. Y., '00.....New London.
 Crossfield, Frederick Solon.....Bellevue, '78.....Hartford.
 Crothers, Thomas Davison.....Alhany, '65.....Hartford.
 Crowe, Willis Hanford.....P. & S., N. Y., '95.....New Haven.
 Crowley, William H.Buffalo, '08.....Hartford.
 Curley, William H.Cornell, '09.....Bridgeport.

- Curran, Philip John.....P. & S., N. Y., '01.....Bridgeport.
 Curtis, Rollin A.Univ. N. Y., '93.....Stratford.
- D'Agostino, Francesco.....Naples Univ., Italy, '05..New Haven.
 Daly, Charles W.P. & S., Balt., '10.....Hartford.
 Danielson, Edwin L.P. & S., N. Y., '82.....Lebanon.
 Dart, Frederick Howard.....P. & S., N. Y., '84.....Niantic.
 Davis, Charles Clarence.....Yale, '07.....Essex.
 Davis, Elias Wyman, B.A., Yale, '80.....Yale, '92.....Seymour.
 Day, Fessenden Lorenzo, B.A., Bates, '90.....Bellevue, '93.....Bridgeport.
 Deane, Henry Augustus.....Dartmouth, '68.....South Windsor.
 DeBonis, Domenico.....Naples, '90.....Hartford.
 DeForest, Louis Shepard, B.A., Yale, '79;
 M.A., Yale, '91.....Univ. Jena, '85.....New Haven.
 Delaney, William Joseph.....McGill Univ., '87.....Naugatuck.
 Deming, Alletta Langdon Bedford, A.B., Cornell.Cornell, '05.....Waterbury.
 Deming, Clinton D., B.A., Yale, '07.....Johns Hopkins, '10.....Hartford.
 Deming, Edward A., Ph.B., Yale, '04.....Johns Hopkins, '08.....Hartford.
 Denne, Thomas Harman.....Vermont, '05.....Bloomfield.
 Dennis, Frederick Shepard, B.A., Yale, '72;
 M.R.C.S.Bellevue, '74.....Norfolk.
 Devitt, Ellis King.....Univ. Med. Coll., '07.....Lyme.
 DeWolfe, Daniel Charles.....Univ. Vt., '86.....Bridgeport.
 Dichter, Charles Levi.....Md. Med. Coll., '05.....Stamford.
 Dickerman, Wilton Elias, B.A., Amherst, '90.....Yale, '93.....Hartford.
 Dickinson, Francis McLean, Ph.B., Yale, '00...P. & S., N. Y., '05.....Rockville.
 Diefendorf, Allen Ross, B.A., Yale '94.....Yale, '96.....New Haven.
 Dinnan, James B.Yale, '04.....Meriden.
 Dole, Mary Phylinda, B.S., Mt. Holyoke, '89..Wom. Med. Coll., '88.....New Haven.
 Donahue, James Joseph.....P. & S., Balt., '96.....Norwich.
 Donahue, Michael Joseph.....Univ. Pa., '86.....Waterbury.
 Donaldson, William Henry.....Univ. N. Y., '81.....Fairfield.
 Douglass, Edmund Peaslee.....Univ. N. Y., '89.....Groton.
 Dowd, Michael Joseph.....Balt. Med. Coll., '01..Thompsonville.
 Dowling, John Francis.....L. I. Hosp. Coll., '90.....Hartford.
 Down, Edwin Augustus.....P. & S., N. Y., '87.....Hartford.
 Downing, Francis.....Balt. Med. Coll., '08.....Moosup.
 Duesing, Henry.....Univ. of Wurtzburg, '92..Bridgeport.
 Dumortier, Jean.....Univ. Ghent, Belg., '89, South Norwalk.
 Dunham, Martin Van Buren.....Harvard, '67.....Greenfield Hill.
 Dunn, Frank Martin.....Balt. Med. Coll., '08.....New London.
 Dwyer, Patrick James, A.B., Fordham, '94....Univ. N. Y., '97.....Waterbury.
 Dwyer, Richard Joseph.....Jeff., Pa., '08.....Hartford.
- Eddy, George William.....Vermont, '04.....Collinsville.
 Egbert, Jay Hobart, A.B., A.M., Univ. Chicago..P. & S., N. Y., '97.....Willimantic.
 Eggleston, Jeremiah Dewey.....P. & S., N. Y., '79.....Meriden.
 Eliot, Gustavus, B.A., Yale, '77; A.M., '82...P. & S., N. Y., '80.....New Haven.
 Ellis, Thomas Long, B.A., Yale, '94.....Yale, '96.....Bridgeport.
 Elmer, Edward OliverP. & S., Balt., '94.....Hartford.
 Elmes, Frank Atwater.....Yale, '05.....Derby.
 Emmett, F. Artbur.....Yale, '02.....Hartford.
 Enders, Thomas Burnham, A.B., Yale, '88....P. & S., N. Y., '91.....Hartford.
 Engelke, Charles.....P. & S., N. Y., '02.....Waterbury.
 English, Cbas. V.St. Louis, '12.....Hartford.

- English, Richard Matthew.....Yale, '98.....Danbury.
 Esposito, Joseph V.Jeff., 12.....New Haven.
 Farrell, John Edward.....Univ. N. Y., '03.....Waterbury.
 Fauver, Edgar.....P. & S., Columbia, '09...Middletown.
 Felty, John Wellington, A.M., Emporia,
 Kan., '97.....Jefferson, '84.....Hartford.
 Fenn, Ava Hamlin.....P. & S., Balt., '86.....Meriden.
 Ferguson, Robert J.Hahn. Phila., '89.....New Haven.
 Ferrin, Carlisle Franklin, B.A., Univ. Vt., '91..P. & S., N. Y., '95.....New London.
 Ferris, Harry Burr, B.A., Yale, '87.....Yale, '90.....New Haven.
 Field, AlbertL. I. Hosp. Coll., '67..East Hampton.
 Finch, George Terwilliger, B.A., Hobart, '75;
 M.A., Hobart, '78.....Bellevue, '77.....Thompsonville.
 Finch, Sarah Elizabeth.....Cornell, '04.....Sound Beach.
 Finklestone, Benjamin Brooks.....P. & S., Balt., '10.....Bridgeport.
 Fischer, Abraham.....N. Y. Univ. & Bell. Hosp., '09, Hartford.
 Fischer, Wm. John Henry.....Yale, '11.....Milford.
 Fisher, Jessie Weston.....Wom. Med. Coll., Pa., '93, Middletown.
 Fisher, William Edwin.....Univ. Pa., '76.....Middletown.
 Fiske, Isaac Parsons.....Univ. N. Y., '75.....Coventry.
 Fitch, Frederick Tracy.....Yale, '04.....East Hampton.
 Fitzgerald, Charles.....Univ. Vt., '98.....New Haven.
 Fitzgerald, Edward.....P. & S., Balt., '84.....Bridgeport.
 Fitzgerald, William Henry.....Univ. Vt., '95.....Hartford.
 Flaherty, Claude V.Yale, '10.....Hartford.
 Fleck, Harry Willard.....Jefferson, '96.....Bridgeport.
 Fleischner, Henry.....Yale, '78.....New Haven.
 Flint, Eli Percival.....Yale, '79.....Rockville.
 Flint, Joseph Marshall, B.S., Univ. of Chicago,
 '95; Princeton, '00; M.A., Yale, '07.....Johns Hopkins, '00.....New Haven.
 Flynn, Charles T.Yale, '11.....New Haven.
 Flynn, James Henry Joseph.....Yale, '95.....New Haven.
 Flynn, John F.P. & S., Balt., '12.....Bridgeport.
 Fontaine, Alphonse.....Laval Univ., '92.....Moosup.
 Foote, Charles Jenkins, B.A., Yale, '83.....Harvard, '87.....New Haven.
 Ford, Alice Porter.....Wom. Med. Coll., Pa., '04, New Haven.
 Ford, George Skiff.....Bellevue, '93.....Bridgeport.
 Formicelli, Giovanni.....Univ. Italy, '98.....Bridgeport.
 Foster, Dean, M.A., Univ. Kan.....Yale, '99.....Stamford.
 Foster, Warren Woden.....Harvard, '82.....Putnam.
 Fox, David Austin.....Univ. & Belle., '02.....Clinton.
 Fox, Edward Gager.....Univ. N. Y., '83.....Wethersfield.
 Fox, Morton Earl.....L. I. Hosp. Coll., '03.....Uncasville.
 Frank, Philip.....Yale, '07.....Waterbury.
 French, Howard Truman.....P. & S., N. Y., '91.....Deep River.
 Freney, John Daniel.....L. I. Hosp. Coll., '93.....Waterbury.
 Fromen, Ernst Theodore.....Milwaukee Med. Coll., '97, New Britain.
 Frost, Charles Warren Selah.....P. & S., N. Y., '80.....Waterbury.
 Fruin, John William.....L. I. Hosp. Coll., '08.....Waterbury.
 Gailey, John Joseph.....Bowdoin, '98.....Waterbury.
 Gancher, Jacob.....L. I. Coll. Hosp., '06.....Waterbury.
 Gandy, Raymond R.Univ. Penn., '99.....Stamford.
 Gancy, Joseph Matthew.....P. & S., N. Y., '04.....New London.

- Gardner, Charles Wesley.....Univ. Md., '01.....Bridgeport.
 Gardner, James Lester.....Univ. Vt., '81.....Central Village.
 Garlick, Samuel Middleton, B.A., Dart., '74..Harvard, '77.....Bridgeport.
 Gaucher, Josaphat.....Balt. Med., '12.....Willimantic.
 Gaylord, Charles Woodward, B.A., Yale, '70..Yale, '72.....Branford.
 Gibbs, Joseph Addison.....P. & S., Chicago, '02.....Suffield.
 Gildersleeve, Charles Childs.....Yale, '96.....Norwich.
 Gill, Michael Henry.....Yale, '96.....Hartford.
 Gillam, William S.Univ. Pa., '88.....South Manchester.
 Gillin, Charles A.Univ. N. Y., '83.....New Britain.
 Gilmore, Joseph L.Yale, '04.....West Haven.
 Gilnack, Frederick.....P. & S., N. Y., '67.....Rockville.
 Girard, Charles Hermenigilde.....Victoria, '96.....Willimantic.
 Girouard, Joseph Arthur.....Balt. Med. Coll., '99.....Willimantic.
 Gladwin, Ellen Hammond.....Wom. Med. Coll., N. Y., '72, Hartford.
 Godfrey, Charles Cartledge.....Dartmouth, '83.....Bridgeport.
 Godfrey, William Truitt.....Cornell, '07.....Stamford.
 Gold, James Douglass, Ph.B., Yale, '88.....P. & S., N. Y., '91.....Bridgeport.
 Goldberg, Samuel James.....Yale, '07.....New Haven.
 Goldman, George.....Yale, '10.....New Haven.
 Gompertz, Louis Michael.....Yale, '96.....New Haven.
 Good, William M.Yale, '09.....Waterbury.
 Goodenough, Edward Winchester, B.A.,
 Yale, '87.....Yale, '93.....Waterbury.
 Goodrich, Charles Augustus, B.S., Mass. Agr.
 Coll., '93.....P. & S., N. Y., '96.....Hartford.
 Goodrich, William Albert.....Med. Chi., Phila., '02.....Waterbury.
 Goodwin, Ralph Schuyler, Ph.B., Yale, '90....P. & S., N. Y., '93.....Thomaston.
 Goodyear, Robert Beardsley,.....Yale, '68.....North Haven.
 Gordon, William Francis.....L. I. Hosp. Coll., '96.....Danbury.
 Gorham, Frank.....Yale, '76.....Lyons Plains.
 Grannis, Irwin.....Yale, '96.....Old Saybrook.
 Graves, Charles Burr, B.A., Yale, '82.....Harvard, '86.....New London.
 Graves, Frederick George.....Yale, '92.....Waterbury.
 Gray, William Henry.....P. & S., N. Y., '89.....Mystic.
 Gray, William Wetmore, B.S., Dickinson, '85..Bellevue, '90.....Bridgeport.
 Greenstein, Morris Jacob.....Univ. South, '06.....Bridgeport.
 Gregory, James Glynn, B.A., Yale, '65.....P. & S., N. Y., '68.....Norwalk.
 Gregory, Ward Slosson, Ph.B., Yale, '99....P. & S., N. Y., '03.....Norwalk.
 Griggs, John Bagg.....Yale, '97.....Hartford.
 Griswold, Arthur Heywood, A.B., Harvard, '02..Johns Hopkins, '06.....Hartford.
 Griswold, Frederick Pratt.....P. & S., N. Y., '76.....Meriden.
 Griswold, Julius Egbert.....Univ. N. Y., '79.....Rocky Hill.
 Griswold, Roger M.Univ. N. Y., '75.....Kensington.
 Griswold, William Loomis, Ph.B., Yale, '81....P. & S., N. Y., '85.....Greenwich.
 Guild, Frank Eugene.....L. I. Hosp. Coll., '85.....Windham.

 Hale, Frary.....P. & S., N. Y., '09.....Bridgeport.
 Hall, Edward DormenioHarvard, '73.....Meriden.
 Hall, Joseph Barnard.....Yale, '92.....Hartford.
 Hallock, Frank Kirkwood, A.B., Wesleyan, '82;
 A.M., '85.....P. & S., N. Y., '85.....Cromwell.
 Hamant, Irving Louis.....L. I. Hosp. Coll., '90.....Norfolk.
 Hamilton, Charles Allen.....Univ. Vt., '86.....Waterbury.
 Hammond, Samuel Mowbray.....Yale, '96.....New Haven.

Hanchett, Harry Bigelow.....	Jefferson, '05.....	Torrington.
Hanley, John Patrick.....	Cornell, '06.....	Stafford Springs.
Harrington, Amos Thomas, A.B., Yale, '97....	Harvard, '10.....	Hartford.
Harrington, James Leon.....	Jefferson, '03.....	New London.
Harrington, Robert E.	Balt. Med. Coll., '06	North Stonington.
Harrison, John Francis.....	Jefferson, '03.....	Stamford.
Hart, Benj. I., B.A., N. Y. Univ., '00.....	P. & S., N. Y., '04.....	Bridgeport.
Hart, Charles Remington.....	P. & S., N. Y., '59.....	Bethel.
Harten, James A.	Balt. Med., '10.....	New Haven.
Hartnett, Joseph Daniel	Balt. Med., '11.....	Winsted.
Hartshorn, Willis Ellis, Ph.B., Colo. Coll., '95..	Univ. Minn., '98.....	New Haven.
Harvey, Edward R.	Balt. Med., '02.....	Seymour.
Haskell, Charles Nahum.....	Univ. Vt., '90.....	Bridgeport.
Hatheway, Clarence Morris.....	Bellevue, '03.....	Hartford.
Hawkes, William Whitney, B.A., Yale, '79....	Yale, '81.....	New Haven.
Hawley, George Walter.....	Cornell, '99.....	Bridgeport.
Hayes, James Dermot, B.S., Manhattan Coll., N. Y.	Univ. N. Y., '94.....	Torrington.
Hayes, John Francis.....	Univ. N. Y., '79.....	Waterbury.
Haylett, Howard Bulkley.....	Vermont, '07.....	Hartford.
Hazen, Miner Comstock.....	Univ. Mich., '55.....	Haddam.
Hazen, Robert, A.B., Univ. Vt., '96.....	Univ. Vt., '98.....	Thomaston.
Henkle, Emmanuel Alexander.....	Cornell, '99.....	New London.
Henze, Carl William.....	Yale, '00.....	New Haven.
Hephurn, Thomas Norval, A.B., Randolph Macon Coll., Va., A.B., '00; A.M., '01.....	Johns Hopkins, '05.....	Hartford.
Herbert, Archibald Cecil.....	Univ. Va., '03.....	New Haven.
Herr, Edward A., Dartmouth, '06.....	Vermont, '09.....	Waterbury.
Hershman, Ahran Aron.....	Yale, '08.....	New Haven.
Hertzberg, George Robert.....	Dartmouth, '99.....	Stamford.
Hessler, Herman Philip.....	Yale, '03.....	New Haven.
Heuhlein, Arthur Carl.....	P. & S., N. Y., '02.....	Hartford.
Hewes, Frank William.....	Univ. Vt., '94.....	Groton.
Heyer, Harold Hankinson.....	Univ. N. Y., '87.....	New London.
Higgins, Gould Shelton.....	Yale, '01.....	North Haven.
Higgins, Harry Eugene.....	Univ. N. Y., '96.....	Norwich.
Higgins, William Lincoln.....	Univ. N. Y., '90.....	South Coventry.
Hill, Charles Edwin, B.A., Yale, '76.....	Harvard, '79.....	East Killingly.
Hill, William Martin.....	Univ. Va., '97.....	Noank.
Hills, Laura Heath.....	Wom. Med. Coll., '96.....	Willimantic.
Hine, Henry Kingsley.....	Md. Med. Coll., '08.....	Waterbury.
Hitchcock, Walter, Ph.B., Yale, '80.....	P. & S., N. Y., '83.....	Norwalk.
Hodgson, Thomas Cady, M.B., Toronto, '94....	Trinity Medical Coll., '94	East Berlin.
Hogan, William John.....	Yale, '98.....	Torrington.
Holbrook, Charles Werden, M.A., Amherst, '93.	Yale, '96.....	East Haven.
Horton, William Wickham.....	Univ. N. Y., '79.....	Bristol.
Houghton, Simon Willard.....	Bellevue, '79.....	Hazardville.
House, Albert Lewis.....	Yale, '95.....	Noroton.
Howard, Arthur Wayland.....	Univ. N. Y., '90.....	Wethersfield.
Howard, John.....	Dartmouth, '81.....	Hartford.
Howd, Salmon Jennings.....	Jefferson, '83.....	Winsted.
Howe, Herbert H.	Univ. Vt., '80.....	Yantic.
Howland, DeRuyter.....	P. & S., N. Y., '06.....	Stratford.
Howland, Edward Joseph.....	Vt. Med., '11.....	Colchester.
Hoyt, Curtis Clark.....	P. & S., N. Y., '87.....	Bridgeport.

Hoyt, Harold Eliphalet, A.B., Univ. Kansas, Albany, '94.....Noroton.
 Hulbert, William Sbaron.....Univ. N. Y., '80.....Winsted.
 Hungerford, Henry Edward.....Yale, '98.....Waterbury.
 Huntington, Samuel Henry.....Yale, '76.....Norwalk.
 Hurd, Alonzo L., B.S., Me., '82.....Univ. Vt., '91.....Somers.
 Hurlbut, Augustin Moen, B.A., Yale, '76.....P. & S., N. Y., '79.....Stamford.
 Hyde, Charles T.Yale, '10.....Southport.
 Hyde, Fritz Carleton.....Univ. Mich., '00.....Greenwich.
 Hyde, Harriet Baker.....Univ. Mich., '00.....Greenwich.
 Hynes, Thomas Vincent.....Yale, '00.....New Haven.

Ingalls, Phineas Henry, A.B., Bowdoin, '77;

A.M., '85.....P. & S., N. Y., '80.....Hartford.
 Irving, Samuel Wellington.....Yale, '91.....New Britain.
 Irwin, Vincent J., Jr.Yale, '10.....Granby.
 Ives, Eli Butler.....Yale, '03.....Bridgeport.
 Ives, John Wagner.....Yale, '00.....Milford.

Jackowitz, Gabriel, Boston Univ. Med. Coll., '07.....New Haven.
 James, George R.Yale, '10.....New Haven.
 Jarvis, Henry Gildersleeve, A.B., Yale, '06.....Johns Hopkins, '10.....Hartford.
 Jenkins, Charles Albert.....Balt. Med. Coll., '11.....Willimantic.
 Jennings, George Herman.....L. I. Hosp. Coll., '75.....Jewett City.
 Jones, Charles E., Jr.Bellevue, '09.....Hartford.
 Johnson, Edwin Hines.....Univ. Vt., '88.....Naugatuck.
 Johnson, Frederick Eugene.....Univ. N. Y., '79.....Mansfield.
 Johnson, John Murray.....L. I. Hosp. Coll., '95.....Bridgeport.
 Joslin, George Harvey.....Univ. Vt., '87.....Mt. Carmel.
 Judson, William Henry.....Jefferson, '78.....Danielson.

Kane, James HughMd. Med. Coll., '04.....Thomaston.
 Kane, Thomas Francis.....Bellevue, '87.....Hartford.
 Karrman, Edward William.....N. Y. Univ., '84.....Cheshire.
 Keane, Robert Barnabas.....Bellevue, '03.....Bridgeport.
 Keating, Hugh Francis.....Yale, '08.....New Haven.
 Keating, Wm. Patrick Stuart.....Jefferson, '99.....Willimantic.
 Keeler, Charles B.Hahn, Chicago, '88.....New Canaan.
 Keith, Albert Russell, A.B., Colby, '97.....Harvard, '03.....Hartford.
 Kelsey, Ernest Russell.....Univ. Md., '01.....Winsted.
 Kellogg, Kenneth Everngbim.....P. & S., N. Y., '98.....New Britain.
 Kendall, John Calvin, B.A., Yale, '70.....P. & S., N. Y., '75.....Norfolk.
 Keniston, James Mortimer.....Harvard, '71.....Middletown.
 Kenna, William Matthew, Pb.B., Yale, '90.....Yale, '92.....Middletown.
 Kennedy, Philip Thomas, B.A., Trinity, '05.....Harvard, '09.....Hartford.
 Kent, John Bryden.....Harvard, '60.....Putnam.
 Kiernan, Jas. Mattbew.....N. Y. Univ., '08.....West Haven.
 Kilbourn, Clarence Leisbman.....Yale, '97.....New Haven.
 Kilbourn, Joseph Austin.....P. & S., Balt., '97.....Hartford.
 Kilmartin, T. J.Univ. N. Y., '95.....Waterbury.
 Kimball, Rush Wilmot, A.B., Williams, '87.....L. I. Hosp. Coll., '90.....Norwich.
 King, Howard Frost.....Albany, '99.....Windsor.
 Kingman, James Henry, A.B., Yale, '82.....P. & S., N. Y., '85.....Middletown.
 Kingsbury, Isaac William, A.B., Harvard, '96.....P. & S., N. Y., '03.....Hartford.
 Kingsbury, William Sanford.....Yale, '96.....Glastonbury.
 Kirby, Frank Alonzo.....Columbian Univ., Wash., D. C., '95, New Haven.

Kirschbaum, Edw. H.	Yale, '12	Waterbury.
Klein, Alvin Walter	Cin. Coll. Med. & Surg., '89	Greenwich.
Kleiner, Israel	Yale, '08	New Haven.
Knight, William Ward	Univ. N. Y., '76	Hartford.
Kowalewski, Victor Alexander, B.A.	Yale, '99	West Haven.
Krasnyne, John F., Carnegie Univ., B.A.	Valparaiso Univ., '11	Bridgeport.
La Field, Arthur Wm.	N. Y. Homeo., '05	Bridgeport.
Lally, Thomas John	Albany, '99	Waterbury.
Lamb, C. S.	Univ. Buffalo, '93	New Haven.
Lambert, Adelaide	Boston Univ. Med. Coll., '84	New Haven.
Lambert, Benjamin Lott	Univ. N. Y., '83	New Haven.
Lambert, Henry Bertram	Jeff., '09	Bridgeport.
Lampson, Edward Rutledge, A.B., Trinity	'91. P. & S., N. Y., '96	Hartford.
Landry, Arthur B.	Jeff., '09	Hartford.
Lane, Frederick Pollock	Yale, '04	New Haven.
Lane, John E.	Yale, '03	New Haven.
Lang, William P.	Hahnemann, Phila., '01	New Haven.
LaMoure, Charles T.	Albany, '94	Lakeville.
LaPierre, Armand J.	Univ. Vt., '10	Norwich.
LaPierre, Leone Franklin	Yale, '01	Norwich.
La Pointe, John William Henry	Laval Univ., Montreal, '92	Meriden.
LaRue, Omar	Vict., Montreal, '71	Putnam.
Lawlor, Michael Joseph, Holy Cross	'02. P. & S., N. Y., '06	Waterbury.
Lawson, George Newton, B.A., Yale	'90	Middle Haddam.
Lawson, Stuart Johnston	Univ. Md., '05	New London.
Lawton, Franklin Lyman, Ph.B., Yale	'90	Hartford.
Lawton, Richard J.	Md. Med., '08	Terryville.
Lay, Walter Sidders	Yale, '01	Hamden.
Lee, Frank Herbert	Albany, '88	Canaan.
Lee, Harry Moore	Columbia, '98	New London.
Lemmer, George Edward	Bellevue, '85	Danbury.
Leverty, Charles Joseph	N. Y. Univ. & Bell., '01	Bridgeport.
Lewis, Dwight Milton, B.A., Yale	'97	New Haven.
Lewis, George Francis, B.A.	'64	Collinsville.
Lewis, George Frederick, B.A., Trinity	'77	Stratford.
Linde, Joseph Irving	Yale, '08	New Haven.
Lindsley, Charles Purdy, Ph.B., Yale	'75	New Haven.
Lockhart, Reuben Arthur	Yale, '91	Bridgeport.
Lockwood, Howard DeForest	Yale, '01	Meriden.
Loomis, Francis Newton, B.A., Yale	'81	Derby.
Lord, Sidney Archer	Harvard, '94	Middletown.
Loveland, Ernest Kilburn	Yale, '97	Watertown.
Loveland, John Elijah, B.A., Wesleyan	'89	Middletown.
Loewe, Leonard J., M.D.V., Harvard	'98	Haddam.
Lowe, Henry Russell	Dartmouth, '82	Putnam.
Lowe, Leonard J., M.D.V., Harvard	'98	Haddam.
Lowe, Russell Walter	Univ. N. Y., '89	Ridgefield.
Luhj, John Francis, Ph.B., Yale	'76	New Haven.
Ludington, Nelson Amos	Yale, '01	New Haven.
Luther, Calista Vinton	Wom. Med. Coll., Pa., '85	Old Saybrook.
Lyman, David Russell	Univ. Va., '99	Wallingford.
Lyman, Emmett Judson	Yale, '07	Westbrook.
Lynch, Edward James	Univ. Pa. '09	Norwich.
Lynch, John Charles	Univ. N. Y., '86	Bridgeport.

- Lynch, Robert Joseph.....Bellevue, '97.....Bridgeport.
 Lyon, Edwin Bradbury.....Berkshire, '62.....Hartford.
 Lyon, Treby Williams.....Yale, '03.....New Haven.

 MacDonald, John J.Yale, '07.....Bridgeport.
 MacLean, Donald Robert.....Balt. Med. Coll., '01.....Stamford.
 Madden, Leon Irving, A.B., Clark.....Harvard, '10.....Hartford.
 Magill, Aubry L.McGill Univ., '08.....New Haven.
 Maguire, Edward O'Reilly.....P. & S., N. Y., '98.....Derby.
 Maher, James Stephen, Ph.B., Yale, '92.....Yale, '96.....New Haven.
 Maher, Stephen John.....Yale, '87.....New Haven.
 Mailhouse, Max, Ph.B., Yale, '76.....Yale, '78.....New Haven.
 Maloney, Daniel Joseph.....Univ. N. Y., '96.....Waterbury.
 Maloney, Maurice Washington.....Jeff. Med. Coll., Phil., '97, New Britain.
 Marcy, Robert A.N. Y. Univ. Med. Coll., '82, Litchfield.
 Mariani, Nicola.....Univ. Naples, '93.....New Haven.
 Marsh, Arthur D.Yale, '08.....Hampton.
 Marsh, Arthur Washburn.....Univ. Vt., '82.....New Haven.
 Martelle, Henry Augustus, A.B., Bowdoin, '01, Johns Hopkins, '05.....Hartford.
 Martin, James S.Yale, '05.....Watertown.
 Mason, Louis Irving.....P. & S., N. Y., '91.....Willimantic.
 May, George William.....Milwaukee Med. Coll., '95, So. Manchester.
 May, Jacob Rush.....Chicago, '76.....Bridgeport.
 Mayberry, Franklin Hayden.....Univ. Vt., '85.....East Hartford.
 McCabe, Edward Michael, B.A., Manhattan '83, Yale, '87.....New Haven.
 McCarthy, Daniel J.P. & S., Balt., '06.....Bridgeport.
 McClellan, William Ernest.....Toronto, '04.....Hartford.
 McCook, John Butler.....P. & S., N. Y., '94.....Hartford.
 McDermott, Terrance Stephen.....Yale, '98.....New Haven.
 McDonald, Arthur Francis.....P. & S., N. Y., '05.....Waterbury.
 McDonnell, Ralph Augustine, B.A., Yale, '90, Yale, '92.....New Haven.
 McFarland, David Walter.....Univ. N. Y., '85.....Greens Farms.
 McGaughey, James David.....Jefferson, '10.....Wallingford.
 McGovern, Edward F.Univ. Balt., '01.....Bridgeport.
 McGuire, William C.Yale, '09.....New Haven.
 McIntosh, Edward Francis.....Yale, '97.....New Haven.
 McKee, Frederick Lyman.....P. & S., N. Y., '99.....Hartford.
 McKendree, Charles A., A.B., Dartmouth, '07, Dartmouth, '10.....Cromwell.
 McKnight, Everett James, B.A., Yale, 76;
 M.A., '77.....P. & S., N. Y., '79.....Hartford.
 McLarney, Thomas Joseph.....P. & S., Balt., '97.....Waterbury.
 McLaury, Frank H.P. & S., N. Y., '95.....Westport.
 McLinden, James John.....Univ. Pa., '98.....Waterbury.
 McNeil, Rollin.....Yale, '62.....New Haven.
 McPartland, Patrick Farrell.....Balt. Med. Coll., '05.....Hartford.
 McQueeney, Andrew.....Yale, '05.....Bridgeport.
 McSweeney, Jeremiah Everett.....Vermont, '91.....Hartford.
 Meade, Charles Havelock Beverly.....Univ. of Louisville, '02.....Stamford.
 Mead, Kate Campbell.....Wom. Med. Coll., Pa., '88, Middletown.
 Meagher, William F.Univ. Vt., '99.....Hartford.
 Meek, James A.McGill Univ., '75.....So. Norwalk.
 Meeks, Harold Albert.....Bellevue, '90.....Meriden.
 Miles, Henry Shillingford, Ph.G., N. Y., '88, P. & S., N. Y., '91.....Bridgeport.
 Miller, George Root.....P. & S., Balt., '86.....Hartford.
 Miller, William Radley.....Albany, '98.....Southington.

- Minor, George Maynard.....L. I. Hosp. Coll., '85.....Waterford.
 Mitchell, James Thomas.....Univ. N. Y., '91.....Middletown.
 Molumphy, David James.....Jefferson, '06.....Hartford.
 Monagan, Charles Andrew, B.S., Trinity, '93..Univ. Pa., '98.....Waterbury.
 Monahan, Joseph B.Dartmouth Med. Coll., '94 New Haven.
 Moody, Mary Blair.....Buffalo, '76.....New Haven.
 Moore, Howard D.Hahn., Phila., '93.....Danbury.
 Moore, Howard Doolittle.....Bellevue, '97.....Torrington.
 Morgan, William Dennison, A.B., Trinity, '72..P. & S., N. Y., '76.....Hartford.
 Moriarty, James Ligouri.....Harvard, '96.....Waterbury.
 Morrell, Frederick Augustus.....L. I. Hosp. Coll., '85.....Putnam.
 Morrissey, Michael James.....P. & S., Balt., Md., '97....Hartford.
 Morrissey, William Thomas, B.A.,
 Holy Cross Coll.,.....Baltimore, '09.....Unionville.
 Morse, Vernon H. Chipman.....Harvard, '03.....Avon.
 Moser, Oran Alexander.....Yale, '02.....Rocky Hill.
 Moulton, Edward Seymour, B.A., Oherlin, '91..Yale, '94.....New Haven.
 Mountain, John Henry.....Jefferson, '96.....Middletown.
 Mullins, Samuel Frederick.....Bellevue, '06.....Danbury.
 Munger, Carl Eugene, Ph.B., Yale, '80.....P. & S., N. Y., '83.....Waterbury.
 Murdock, Thos. P.Balt. Med., '10.....Meriden.
 Murphy, James.....Univ. Pa., '95.....Middletown.
 Murphy, John Aloysius.....N. Y. Univ., '97.....New Haven.
 Murphy, Michael D.Bellevue, '84.....Middletown.
 Murphy, Walter Graham.....Albany Med. Coll., '90.....Hartford.

 Nadler, Alfred Goldstein, B.A., Yale, '93.....Yale, '96.....New Haven.
 Naylor, James Henry.....Univ. Vt., '95.....Hartford.
 Nemoitin, Julius.....P. & S., N. Y., '05.....Stamford.
 Nettleton, Francis Irving, Ph.B., Yale, '94.....Yale, '97.....Shelton.
 Nettleton, Irving LaField.....L. I. Hosp. Coll., '98.....Bridgeport.
 Newton, Cyrus Brownlee.....Yale, '56.....Stafford Springs.
 Nichols, Ralph W., Yale '08.....Johns Hopkins, '12.....Montowese.
 Nickerson, Nehemiah.....N. Y. Med. Coll., '57.....Meriden.
 Noble, Henry Smith, A.B., Tufts, '69;
 LL.D., Tufts, '05.....P. & S., N. Y., '71.....Middletown.
 Nolan, Daniel Andrew, Ph.G., Phil., '93.....Med. Cbir., Phila., '95....Middletown.
 Nolan, Jacob Matthew.....P. & S., Balt., '94.....Westport.
 North, Joseph Howard.....L. I. Hosp. Coll., '73.....Goshen.
 Notkins, Louis Adolph.....Yale, '03.....New Haven.
 Noyes, Arthur Percy.....Univ. of Penn., '06.....Suffield.
 Noxon, George Henry.....Balt. Med. Coll., '93.....Darien.
 Nugent, Huggard W.Hahn., Phila., '10.....New Haven.

 Ober, George Eugene.....Univ. Vt., '90.....Bridgeport.
 O'Brien, John T.Yale, '09.....Meriden.
 O'Connell, Thomas Smith.....P. & S., Balt., '92.....East Hartford.
 O'Connor, Matthew Charles, A.B., St.
 Francis X., N. Y., '69.....P. & S., N. Y., '73.....New Haven.
 O'Connor, Patrick Thomas.....Bellevue, '92.....Waterbury.
 O'Flaherty, Ellen Pembroke.....Cornell, '01.....Hartford.
 O'Hara, Bernard Augustine.....Bellevue, '82.....Waterbury.
 O'Hara, William James Aloysius.....P. & S., Balt., '93.....Bridgeport.
 O'Loughlin, Thomas Francis.....Univ. N. Y., '96.....Rockville.
 O'Neil, Owen.....Jefferson, '04.....Willimantic.

- Osborn, George Wakeman, B.A., Yale, '84.....P. & S., N. Y., '87.....Bridgeport.
 Osborne, Oliver Thomas.....Yale, '84.....New Haven.
 O'Shaughnessy, Edmund Joseph.....Bellevue, '99.....New Canaan.
 Otis, Samuel Dickinson.....Univ. N. Y., '77.....Meriden.
 Outerson, Andrew Mansergh.....Jefferson, '06.....Hartford.
 Outerson, Richard Ambrose.....Jefferson, '02.....Windsor Locks.
 Overlock, Seldom Burden, B.A., Colby, '86.....Bellevue, '89.....Pomfret.
 Owens, William Thomas.....Univ. Vt., '99.....Hartford.
- Paine, Robert Child.....Dartmouth, '00.....Thompson.
 Park, Charles Edwin.....Yale, '81.....New Haven.
 Parker, Edward Oliver, A.B., Harvard, '91.....P. & S., N. Y., '96.....Greenwich.
 Parker, Theodore Raymond.....Univ. N. Y., '80.....Willimantic.
 Parlato, Michael Antonio.....Yale, '08.....Derby.
 Parmelee, Edward Kibbe.....L. I. Hosp. Coll., '89.....Ansonia.
 Patterson, Daniel Cleveland.....P. & S., Balt., '06.....Bridgeport.
 Peck, Anthony, B.A., Hamilton, '72.....Univ. N. Y., '75.....Norwich.
 Peck, Robert Ellsworth, Ph.B., Yale, '90.....Yale, '93.....New Haven.
 Peckham, Lucy Creemer.....Wom. Med. Coll., Pa., '85, New Haven.
 Pendleton, Cyrus Henry.....Western Reserve, '60.....Hebron.
 Perkins, Charles Harris.....P. & S., N. Y., '91.....Norwich.
 Perkins, William Sheldon Clark.....P. & S., N. Y., '60.....Norwich.
 Perry, Edward Franklin.....L. I. Hosp. Coll., '97.....Putnam.
 Peters, Henry L., B.A. Univ. N. B.McGill, '07.....Bridgeport.
 Phelps, Charles Dickinson, B.A., Amherst,
 '89; M.A., Amherst, '97.....P. & S., N. Y., '95.....West Haven.
 Phelps, Stuart E.McGill, '99.....Farmington.
 Philip, Rosavelle Gardner.....Wom. Med. Coll., N. Y. Inf., '75, Stamford.
 Phillips, Alfred Noroton.....P. & S., N. Y., '83.....Stamford.
 Phillips, Frank Lyman, Ph.B., Yale, '02.....Yale, '06.....New Haven.
 Pierce, Elbridge Worthington.....Univ. N. Y., '85.....Meriden.
 Pierson, John Corbin.....Tufts, '03.....Hartford.
 Pierson, Samuel.....P. & S., N. Y., '81.....Stamford.
 Pike, Ernest Reginald.....Univ. Mich., '98.....East Woodstock.
 Pinney, Almon WilliamHahn. Med. Coll., Phila., '00, Norfolk.
 Pinney, Royal Watson.....P. & S., N. Y., '88.....Derby.
 Pitman, Edwin Parker, B.A., Dart., '86.....Dartmouth, '91.....New Haven.
 Platt, William Logan.....P. & S., N. Y., '81.....Torrington.
 Plumstead, Matthew Woodbury.....Jefferson, '87.....East Haddam.
 Plunkett, Thos. F.L. I. Coll. Hosp., '08.....Derby.
 Pomeroy, Nelson Asa.....P. & S., N. Y., '96.....Waterbury.
 Pons, Louis Jacques.....Univ. Vt., '85.....Milford.
 Porter, George Loring, B.A., Brown, '59.....Jefferson, '62.....Bridgeport.
 Porter, Isaac Napoleon, B.A., Lincoln, '90.....Yale, '93.....New Haven.
 Porter, William, Jr.Chicago Med. Coll., '81Hartford.
 Potter, Frank EdwardP. & S., N. Y., '89.....Portland.
 Potts, Joseph Henry.....Dartmouth, '05.....New Britain.
 Powers, Frederick.....P. & S., N. Y., '70.....Westport.
 Pratt, Arthur Milon.....Bellevue, '92.....Deep River.
 Pratt, Edward Loomis.....Univ. N. Y., '84.....Winsted.
 Pratt, Elias.....P. & S., N. Y., '87.....Torrington.
 Pratt, Nathan Tolles, A.B., Trinity, '94;
 M.A., '97.....Yale, '04.....Bridgeport.
 Prince, Alexander Louis.....Yale, '10.....New Haven.
 Provost, Alva G.Yale, '05.....New Haven.

- Purdy, Alexander Marshall.....Univ. Mich., '84.....Mystic.
 Purinton, Charles Oscar, Ph.B., Yale, '97....Yale, '00.....West Hartford.
 Purney, John.....Balt. Med. Coll., '06.....New Britain.
 Pyle, Francis Winthrop, A.B., Yale, '97.....P. & S., N. Y., '02.....Bridgeport.

 Rand, Richard Foster, Ph.B., Yale, '95.....Johns Hopkins, '00.....New Haven.
 Randall, William Sherman, Ph.B., Yale, '83....P. & S., N. Y., '86.....Shelton.
 Reardon, William F.Bellevue, '09.....Hartford.
 Reeks, Thomas Eben.....Univ. Md., '01.....New Britain.
 Reidy, David Dillon.....Med. Chi., Phila., '99.....Winsted.
 Reidy, Maurice J.P. & S., N. Y., '10.....Winsted.
 Reilly, Francis HenryYale, '97.....New Haven.
 Reilly, James Michael.....Yale, '78.....New Haven.
 Reilly, Walter A.Bellevue, '98.....Naugatuck.
 Reinert, Emil Gustav.....Balt. Med. Coll., '95.....Hartford.
 Reynolds, William George, A.B., Yale, '95....Yale, '97.....Woodbury.
 Reynolds, Harry S.Yale, '10.....New Haven.
 Rice, Richard W.Coll. Phys. & Surg., South Manchester.
 Rice, Watson Emmons.....Univ. Mich., '72.....Stamford.
 Richards, William Spencer.....Univ. N. Y., '89.....West Winsted.
 Rinde, Hamilton, N. Dakota, '02.....Johns Hopkins, '08.....Middletown.
 Rindge, Milo Pember.....P. & S., Cleveland, '05.....Madison.
 Ring, Henry Wilson, A.B., Bowdoin, '79;
 M.A., Bowdoin, '82.....Mc. Med. Coll., '87.....New Haven.
 Rising, Harry Breed.....Yale, '95.....South Glastonbury.
 Rising, Henry Martin.....Yale, '68.....South Glastonbury.
 Robbins, Charles Henry.....Balt. Med. Coll., '95.....New Haven.
 Robbins, George Orrin.....Yale, '79.....Waterbury.
 Robbins, James Watson.....Bellevue, '80.....Naugatuck.
 Roberts, Albert Joseph.....Harvard, '02.....Bridgeport.
 Robinson, Joseph.....P. & S., N. Y., '98....West Cornwall.
 Robinson, Myron Potter.....Yale, '95.....Windsor Locks.
 Robinson, Paul Skiff, Ph.B., Yale, '89.....Yale, '91.....New Haven.
 Robinson, Rienzi.....L. I. Hosp. Coll., '69.....Danielson.
 Roche, Thos. J.P. & S., Balt., '11.....Bridgeport.
 Rockwell, Thomas Francis.....Univ. N. Y., '81.....Rockville.
 Rodman, Charles Shepard.....P. & S., N. Y., '68.....Waterbury.
 Rogers, Frederick.....Univ. N. Y., '63.....Willimantic.
 Rogers, James Frederick.....Yale, '05.....New Haven.
 Rogers, Thomas Weaver.....P. & S., N. Y., '90.....New London.
 Ronayne, Frank Joseph.....Yale, '04.....Hartford.
 Rooney, James Francis.....Balt. Med. Coll., '03.....Hartford.
 Root, Edward King.....Univ. N. Y., '79.....Hartford.
 Root, Joseph Edward, B.S., Boston Univ., '76..P. & S., N. Y., '83.....Hartford.
 Rose, John Henry.....Univ. N. Y., '92.....Hartford.
 Ross, Donald Laurence.....McGill, '87.....Mansfield Depot.
 Rowe, Michael J.P. & S., Balt., '96.....Bridgeport.
 Rowley, Alfred Merriman.....Univ. Vt., '97.....Hartford.
 Rowley, John Carter.....Harvard, '06.....Hartford.
 Rowley, Robert Lee.....Yale, '03.....Hartford.
 Ruickoldt, Frederick Arthur.....Jena, '65.....New Haven.
 Ruland, Frederick Davis.....P. & S., N. Y., '89.....Westport.
 Russ, Henry Camp, B.A., Yale, '02.....Johns Hopkins, '06.....Hartford.
 Russell, Edmund.....Univ. of Penn., '04.....Waterbury.
 Russell, Evans D.Jeff., '11.....Roxbury

- Russell, George Washington.....Bellevue, '96.....Waterbury.
 Russell, Thomas Huhhard, Ph.B., Yale, '72....Yale, '75.....New Haven.
 Russell, Thomas H., Jr., Ph.B., Yale, '06....Yale, '10.....New Haven.
 Russell, William Spencer.....Yale, '80.....Wallingford.
 Ryan, Joseph Patrick.....P. & S., N. Y., '03.....Hartford.
 Ryan, Patrick Joseph.....Niagara, '98.....Hartford.
 Ryan, Timothy Mayher, A.B., Loyola Coll....Balt. Med. Coll., '02.....Torrington.
 Ryder, Charles Ambler.....Yale, '98.....Brookfield Center.
 Ryder, Raymond H.P. & S., Balt., '13.....Waterbury.

 Sanford, Charles Edwin.....Yale, '06.....New Haven.
 Sanford, Leonard Cutler, B.A., Yale, '90....Yale, '93.....New Haven.
 Sanford, Ward Harding.....Balt. Med. Coll., '95.....New Haven.
 Sansone, Nicola Maria.....Denver Med. Coll., '02....Bridgeport.
 Scarbrough, Marvin McRae, B.A., Univ. of
 Oregon, '02; M.A., Yale, '05.....Yale, '07.....New Haven.
 Schavoir, Frederick.....P. & S., Balt., '87.....Stamford.
 Schuele, George J.Yale, '08.....Bridgeport.
 Schulz, Herman Samuel.....Hahn., Phila., '01.....Bridgeport.
 Scofield, Everett J. S.Univ. of N. C., '08.....Danbury.
 Scrimgeour, Arthur.....L. I. Coll. Hosp., '09.....Bridgeport.
 Sears, Cushman Allen.....Univ. N. Y., '62.....Portland.
 Seaver, Jay Wehher, B.A., Yale, '80; M.A., '93.Yale, '85.....New Haven.
 Segur, Gideon Cross.....P. & S., N. Y., '82.....Hartford.
 Shahan, Dennis Joseph.....Univ. Vt., '85.....Norwich.
 Shannon, Thos. J.Balt. Med., '99.....Falls Village.
 Sharpe, Elmer Thomas.....Univ. N. Y., '95.....Derby.
 Sharpe, Harry Rahe.....Univ. Vt., '00.....Manchester.
 Shea, John F.P. & S., Balt., '11.....Bridgeport.
 Sheahan, Michael J.Yale, '96.....Derby.
 Sheehan, William Joseph, B.S., Manhattan
 Coll., '92.....Yale, '95.....New Haven.
 Shelton, Gould Ahijah, M.A., Yale, '91.....Yale, '69.....Shelton.
 Sherer, Henry Clifford.....Univ. N. Y., '92.....South Norwalk.
 Sherman, Florence A.Wom. Med. Coll., '91.....Bridgeport.
 Sherrill, George.....P. & S., '91.....Stamford.
 Shirk, Samuel Martin.....Hahn., Phila., '97.....Stamford.
 Simmons, Willard Nelson.....Univ. Vt., '89.....Tolland.
 Simonds, Clarence Eugene.....Univ. N. Y., '97.....Willimantic.
 Simonson, Louis, Mass. Coll.....Tufts, '08.....Hartford.
 Simpson, Frederick Thomas, B.A., Yale, '79....Me. Med. Coll., '84.....Hartford.
 Skiff, Francis Sands.....Univ. N. Y., '88.....Falls Village.
 Skiff, Stuart E.Hahn. Phila., '03.....New Haven.
 Skiff, Walter C.N. Y. Hom. Coll., '83....New Haven.
 Skinner, Clarence Edward, LL.D.,
 Rutherford, N. C., '00.....Yale, '91.....New Haven.
 Slaterry, Morris Dove.....Yale, '93.....New Haven.
 Sloan, Thomas George.....P. & S., N. Y., '99..South Manchester.
 Smail, Martin L.Univ. Vt., '93.....Mystic.
 Smirnow, Max RuskinYale, '06.....New Haven.
 Smith, Andrew Jackson.....P. & S., N. Y., '63.....Bridgeport.
 Smith, Arthur C.P. & S., Balt., '10.....Danbury.
 Smith, Charles.....L. I. Hosp. Coll., '90.....Riverside.
 Smith, David Parker, A.B., Yale, '10.....Yale, '12.....Meriden.
 Smith, Dorland, A.B., Yale, '96.....Yale, '99.....Bridgeport.

- Smith, Earl Terry, M.A., Trinity, '03 Hon....Yale, '97.....Hartford.
 Smith, Edwards Montrose.....P. & S., N. Y., '82.....Bridgeport.
 Smith, Edward Weir, A.B., Yale, '78.....McGill, Mont., '82.....Meriden.
 Smith, Eghert Livingston.....Yale, '96.....Waterbury.
 Smith, Ernest Herman, A.B., Amherst, '85....P. & S., N. Y., '89.....Redding.
 Smith, Frank Lewis.....Univ. N. Y., '75.....Stafford Springs.
 Smith, Frank Llewellyn.....Alhany, '83.....Bridgeport.
 Smith, Frank M.Univ. Vt., '11.....Willimantic.
 Smith, Frederick Sumner, B.A., Yale, '79....Yale, '82.....Chester.
 Smith, George Arthur, A.B., Yale, '03.....Johns Hopkins, '07.....Stepney.
 Smith, Henry Hubert.....Jefferson, '77.....New Haven.
 Smith, Marvin.....Univ. N. Y., '83.....New Haven.
 Smith, Newton Phineas.....P. & S., N. Y., '82.....Norwich.
 Smith, Oliver Cotton.....L. I. Hosp. Coll., '83.....Hartford.
 Smykowski, Bronislaw Louis.....Balt. Med., '11.....Bridgeport.
 Smyth, Herbert Edmund.....McGill Univ., '84.....Bridgeport.
 Sperry, Frederick Noyes.....Yale, '94.....New Haven.
 Spier, Seymour Leopold.....Yale, '04.....New Haven.
 Sprague, Charles Harry.....P. & S., N. Y., '04.....Bridgeport.
 Standish, Frank Billings.....Yale, '03.....New Haven.
 Standish, James Herbert.....Univ. N. Y., '95.....Hartford.
 Stanley, Charles Everett.....Univ. Pa., '76.....Middletown.
 Stanton, George Dallas.....Bellevue, '65.....Stonington.
 Stanton, John Gilman, B.A., Amherst, '70....Wurtzburg, '73.....New London.
 Starr, Robert Sythoss, B.A., Trinity, '97;
 M.A., '00.....P. & S., N. Y., '01.....Hartford.
 Staub, George Edwards.....L. I. Hosp. Coll., '93....New Milford.
 Stauh, John Howard.....L. I. Hosp. Coll., '99.....Stamford.
 Steadman, Willard George.....Bellevue, '74.....Southington.
 Steele, Henry Merriman, Ph.B., Yale, '94....Johns Hopkins, '02.....New Haven.
 Steiner, Walter Ralph, A.B., Yale, '92;
 M.A., Yale, '95.....Johns Hopkins, '98.....Hartford.
 Stern, Charles Seymour, A.B., C. C. N. Y....Bellevue, '91.....Hartford.
 Stetson, James Ebenezer.....Yale, '81.....New Haven.
 Stetson, Paul R.Yale, '02.....New Haven.
 Stevens, Caroline North.....Tufts, '98.....Wallingford.
 Stevens, Frank William.....Yale, '00.....Bridgeport.
 Stewart, Harry E.Yale, '10.....Washington.
 Stockwell, William W.Univ. of Penn., '04.....Shelton.
 Stoll, Henry Farnum.....P. & S., N. Y., '02.....Hartford.
 Storrs, Eckley Raynor.....Jefferson, '90.....Hartford.
 Stratton, Edward Augustus.....Univ. N. Y., '83.....Danbury.
 Stretch, James.....Univ. Coll., Richmond, Va., '02, Stafford Springs.
 Strohel, Joseph E.Temple, '09.....Hartford.
 Strosser, Herman.....Univ. Berlin, '84.....New Britain.
 Sullivan, Daniel.....Univ. N. Y., '97.....New London.
 Sullivan, Daniel Francis, A.B., Niagara
 Univ., '89.....Niagara Univ., '91.....Hartford.
 Sullivan, James Laurence.....P. & S., Balt., '01.....Bridgeport.
 Sullivan, Jeremiah Bartlett, Yale, '03.....Yale, '06.....New Haven.
 Sullivan, John Francis, B.A., Yale, '90.....P. & S., N. Y., '94.....New Haven.
 Sullivan, Michael Joseph.....Cornell, '00.....Meriden.
 Sunderland, Paul Ulysses.....N. Y. Hom. Med., '94.....Danbury.
 Swain, Henry Lawrence.....Yale, '84.....New Haven.
 Swan, Horace Cheney.....Tufts, '03.....Hartford.

- Swasey, Erastus Perry.....P. & S., N. Y., '69.....New Britain.
 Sweet, Grover.....P. & S., Balt., '12.....New Haven.
 Sweet, John H. T.Tufts, '12.....Hartford.
 Swenson, Andrew Clay.....Yale, '02.....Waterbury.
 Swett, Josiah.....Univ. Vt., '78.....New Hartford.
 Swett, Paul Plummer.....Univ. N. Y., '04.....Hartford.
- Taft, Charles Ezra.....Harvard, '86.....Hartford.
 Tanner, Alfred Herbert.....Bellevue, '74.....Waugrean.
 Taylor, John Clifton.....Univ. Mich., '91.....New London.
 Taylor, Maude Winifred.....Tufts, '05.....Hartford.
 Teele, Julia Ernestine, A.B., Tabor, '85.....Wom. Med. Coll., Pa., '88, New Haven.
 Tenney, Arthur John, Ph.B., Yale, '77.....Yale, '83.....Branford.
 Thihault, Louis Joseph.....Yale, '00.....Waterbury.
 Thielke, George E.Yale, '10.....Danbury.
 Thompson, Emma Jane.....Wom. Med. Coll., N. Y. Inf., '96, Hartford.
 Thompson, George.....Mc. Med. Coll., '89.....Taftville.
 Thompson, Whitefield Nelson, A.B., Bates, '88..Jefferson, '89.....Hartford.
 Tileston, Wilder, Harvard, '95.....Harvard, '99.....New Haven.
 Tingley, Witter Kinney.....Bellevue, '86.....Norwich.
 Tinker, William Richard.....Univ. N. Y., '80.....South Manchester.
 Tolles, Burton Isaac, A.B., Yale, '01.....Yale, '04.....Ansonia.
 Topping, Jacob Reed.....Univ. N. Y., '82.....Bridgeport.
 Townsend, Charles Rodman.....Albany, '95.....Bridgeport.
 Townsend, Jos. Hendley, B.A., Yale, '85.....Yale, '87.....New Haven.
 Townshend, Raynham, Ph.B., Yale '00.....P. & S., N. Y., '05.....New Haven.
 Tracey, Dwight Wallace, Ph.B., Yale, '04.....Johns Hopkins, '08.....Hartford.
 Tracey, William Joseph.....Univ. N. Y., '89.....Norwalk.
 Tracy, Andrew William.....McGill, '73.....Meriden.
 Tracy, Robert Graham.....Yale, '00.....New Haven.
 Travis, Catherine Hutchison.....Johns Hopkins, '03.....New Britain.
 Treadway, William Buckingham.....Univ. Mich., '83.....Howard, R. I.
 Treat, William Howard.....Yale, '06.....Derby.
 Trecartin, David Munson.....Dartmouth, '94.....Bridgeport.
 Truex, Edward Hamilton.....Univ. Louisville, '08.....East Hartford.
 Tuch, Morris.....Bellevue, '06.....Hartford.
 Tukey, Frank Martin, B.A., Bowdoin, '91.....Harvard, '94.....Bridgeport.
 Turbert, Edward Joseph.....Balt. Med. Coll., '04.....Hartford.
 Turkington, Charles Henry, Ph.B., Yale, '03.....Johns Hopkins, '07.....Litchfield.
 Turner, Arthur Robert, A.B., Amherst, '84.....Univ. Paris, '94.....Norwalk.
 Turrill, Henry Smith, Ph.B., Yale, '06.....Yale, '10.....Canaan.
 Tuttle, Charles Alling, Ph.B., Yale, '88.....Yale, '90.....New Haven.
 Tuttle, Frank J.Univ. Vt., '98.....Naugatuck.
- Vail, George Francis, B.S., Villanova, '98.....Univ. Pa., '02.....Hartford.
 VanStrander, William Harold.....Univ. Vt., '00.....Hartford.
 Van Vleet, Peter P.Bellevue, '69.....Stamford.
 Variell, Arthur.....Bowdoin, '94.....Waterbury.
 Varno, Henry George.....P. & S., Balt., '82.....Thompsonville.
 Verdi, William Francis.....Yale, '94.....New Haven.
- Wadhams, Sanford Hosea.....Yale, '96.....Torrington.
 Waite, Frank Louis.....Bellevue, '88.....Hartford.
 Waite, Robt. L., Ph.B., '05.....Johns Hopkins, '09.....Hartford.
 Wales, Francis Joseph.....N. Y. Univ. '97.....Stepney Depot.

Walsh, Frederick William.....	P. & S., Balt., '85.....	Rockville.
Walsh, Joseph William.....	P. & S., Balt., '07.....	Danbury.
Walsh, Thomas Patrick.....	Univ. Vt., '02.....	Middletown.
Ward, James Ward.....	P. & S., Balt., '95.....	Hartford.
Warner, Charles Norton.....	Jefferson, '96.....	Litchfield.
Warner, George Howell.....	Yale, '97.....	Bridgeport.
Wason, David Boughton.....	P. & S., N. Y., '00.....	Bridgeport.
Waterhouse, Henry Edwin.....	P. & S., N. Y., '02.....	Bridgeport.
Waterman, Paul.....	Cornell, '02.....	Hartford.
Waters, John Bradford.....	Univ. Vt., '90.....	Hartford.
Watson, William Clark.....	L. I. Hosp. Coll., '97.....	Bridgeport.
Watson, William Seymour.....	L. I. Hosp. Coll., '87.....	Danbury.
Weadon, Wm. Lee.....	Va. Med. Coll., '05.....	Bridgeport.
Weidner, Calvin.....	Univ. Ind., '93.....	Hartford.
Weir, Janet Marshall.....	Queen's Univ., Kingston, Ont., '91.....	Hartford.
Welch, George Kellogg.....	P. & S., N. Y., '78.....	Hartford.
Welch, Harry Little, A.B., Yale, '94.....	Yale, '97.....	New Haven.
Welch, Thomas Francis.....	Georgetown, '04.....	Hartford.
Welch, William Collins.....	Yale, '77.....	New Haven.
Weldon, Thomas Henry.....	Univ. N. Y., '83.....	South Manchester.
Wellington, William Winthrop.....	Univ. Vt., '89.....	Terryville.
Wells, Ernest Alden, A.B., Yale, '97.....	Johns Hopkins, '01.....	Hartford.
Wersebe, Frederick William.....	Univ. N. Y., '98.....	Washington.
West, Redfield Benjamin.....	Univ. N. Y., '79.....	Guilford.
Whalen, Edward J.	Yale, '08.....	Hartford.
Wheatley, Louis Frederick.....	Tufts, '03.....	Meriden.
Wheeler, Frank Henry, B.A., Yale, '80.....	Yale, '82.....	New Haven.
Wheelock, Albert Andrews.....	Univ. Vt., '97.....	New Canaan.
Whipple, Benedict Nolasco.....	Yale, '07.....	Bristol.
White, Benjamin Walker.....	L. I. Hosp. Coll., '86.....	Bridgeport.
White, Robert Creighton.....	Univ. Vt., '89.....	Willimantic.
Whittemore, Edward Reed, A.B., Yale, '98.....	P. & S., N. Y., '02.....	New Haven.
Whittemore, Frank Hamilton.....	Bellevue, '74.....	New Haven.
Wiedman, Otto George.....	Univ. Pa., '05.....	Hartford.
Wight, George DeWitt.....	Bellevue, '87.....	Bethel.
Willard, Frederick Buell, A.B., Univ. Vt., '97.....	Univ. Vt., '00.....	Hartford.
Williams, Charles Mallory.....	P. & S., N. Y., '98.....	Stonington.
Wilmot, Louis Howard.....	Univ. N. Y., '91.....	Ansonia.
Wilson, Frank E.	Univ. Vt., '11.....	Montville.
Wilson, Frederick Morse, A.B., Colby, '71.....	Harvard, '75.....	Bridgeport.
Wilson, James Cornelius.....	Univ. Vt., '04.....	Hartford.
Wilson, Leslie A.	Yale, '10.....	Meriden.
Wilson, William Patrick.....	P. & S., Balt., '90.....	Wallingford.
Winne, William Nelson.....	N. Y. Univ., '97.....	New Haven.
Winship, Ernest Oliver.....	Univ. Vt., '00.....	New London.
Witter, Orin Russell.....	P. & S., N. Y., '01.....	Hartford.
Wolff, Arthur Jacob.....	Tex. Med. Coll., '76, Bellevue, '83.....	Hartford.
Woodford, C. N.	Univ. Louisville, '08.....	Naugatuck.
Woodward, Harold B., B.A., Wesleyan,	Johns Hopkins, '02.....	Terryville.
Wooster, Charles Morris.....	Univ. N. Y., '79.....	Tariffville.
Wordin, Nathaniel Eugene, B.A., Yale, '70; M.A., Yale, '72.....	Jefferson, '73.....	Bridgeport.
Wright, Frank Walden.....	Bellevue, '80.....	New Haven.
Wright, George Herman.....	P. & S., N. Y., '94.....	New Milford.
Wright, John Winthrop, A.B., Amherst, '77.....	Univ. N. Y., '80.....	Bridgeport.

- Wright, Theodore Goodelle.....Univ. N. Y., '65.....New Britain.
 Wurtenberg, William Charles, Ph.B., Yale, '89. Yale, '93.....New Haven.
- Yergason, Robert M.P. & S., Balt., '09.....Hartford.
 Young, Charles Bellamy.....P. & S., N. Y., '94.....Middletown.
- Zink, Charles Edwin, A.B., Balt. Univ.....Balt. Univ., '00.....Durham.

